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13. ABSTRACT (Maximum 200 Words) The purpose of this study was to identify genetic modifiers of cancer risk in women with BRCA1 and BRCA2 mutations. We used two complementary strategies: 1) association studies in candidate genes from the immune surveillance and DNA damage response pathways and 2) a genome-wide scan using relative pairs with BRCA1 mutations to identify novel regions containing modifier genes. We have assembled a case-control sample set of 448 mutation carriers and a relative pairs set of 534 mutation carriers. We completed a sequencing survey of a panel of immune surveillance genes and determined the population frequency of the variants we identified. We examined a number of candidate genes and have data suggesting variants in TNF- α , IL-6, XPD and p53 may have a role in altering cancer risk in these high risk women. This work is important not only in leading to more refined cancer risk estimates for women with BRCA1 and BRCA2 mutations, but also will yield candidates for risk alleles in the general population and generate hypotheses for mechanisms that explain these effects. Once these mechanisms have been elucidated, these points in key pathways become excellent targets for preventative and therapeutic intervention.			
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INTRODUCTION

The focus of this research study was the identification of genetic factors that influence cancer risk in women with BRCA1 and BRCA2 mutations. We collected DNA and information from a large retrospective cohort of women with BRCA1 mutations. These were assembled into two, overlapping study samples: 1) a case control set where all study samples were derived from women with BRCA1 mutations; cases were those with breast cancer and controls are those carriers that have not developed breast cancer and 2) a relative pairs set where all samples are matched with at least one family member who also had a BRCA1 mutation. These sets were used with two distinct methodologies to identify genetic modifiers of BRCA1 penetrance, including a candidate gene approach focused on a panel of genes involved in response to DNA damage and of genes important in modulating immune surveillance and a modified linkage approach to identify novel genes.

PROGRESS REPORT

Task 1: Screening of all genetic variants in a series of candidate genes (Months 1-18).

a. Collection of DNA samples from all collaborators.

This task was completed primarily during year 1. The sample set from which the case-control set for analysis of candidate genes was constructed includes 656 women with germline *BRCA1/2* mutations. These samples were ascertained in a retrospective fashion after identification of families with a history of breast and/or ovarian cancer at Creighton University, the Dana Farber Cancer Institute, The University of Michigan, Fox Chase Cancer Center, The University of Pennsylvania, The University of Utah, or Women's College Hospital (Toronto) between 1978 and 1997. The resulting case control sample of 448 women consists of 278 breast cancer cases and 170 matched controls.

The collection of relative pairs was completed in Year 2. We ascertained data on 600 BRCA1 mutation carriers. Of those, 242 female mutation carriers from 51 families had a relative with a known mutation and a DNA sample that could be included in the analysis. Ninety individuals from 21 families were used for the chromosome 5q linkage analysis and the remainder were used in year 3 for validation of this finding.

Subtasks b-f (PCR amplification of variant fragments and microsatellites (b), separation with automated sequencer (c), checking of automated data (d), data analysis (e) and reanalysis if indicated (f)) are completed sequentially for each gene undergoing analysis before conclusions can be drawn so they are considered as a single task with the following analyses.

Immune surveillance genes

We completed a comprehensive sequence analysis of 13 immune surveillance genes for the presence and frequency of 26 polymorphisms in a control population set in Year 1. This work has now been published and the manuscript is found in the Appendix (Martin, AM et al, 2003).

During year we arrayed the case-control samples into 96-well microtiter plates and began the analysis of a number of immune surveillance candidate genes (see below). We optimized PCR conditions for all polymorphisms on the ABI 3100 capillary sequencer and have screened 13 genes/26 polymorphisms (14 novel) in the case control set and have found the following:

- 7 polymorphisms where the variant allele is present at >15% frequency in both groups
IL-1 β , IL1-RN (2), IL-2, IL-6, IL-10, CTLA4
- 6 polymorphisms where the variant allele is present at < 15% frequency in only one group
TNF- α (2), TNF- α R (2), IL-12p35, CTLA4
- 11 polymorphisms where the variant allele is present at <15% frequency in both groups
TNF- α (4), IL-1 α (2), IL-10, IL-12p35, IL-12p40(3), CTLA4

We have completing the statistical analysis of these polymorphisms in for associations with case status and age of diagnosis. We have evidence from these analyses that polymorphisms IL-6 may be associated with variable breast cancer risk in BRCA1/2 mutation carriers. These polymorphisms are now being analyzed in a validation set of an additional 500 mutation carriers (beyond the scope of this proposal but required for confirmation of the association).

DNA damage response genes

The analyses of XRCC1 and XPD (also called ERCC2) were completed in year 1. The genotypes examined included XRCC1 exon 6 Arg194Trp and exon 10 Arg399Gln and XPD exon 6 C>A, 156Arg, exon 10 Asp312Asn, exon 22 C>T, Asp711, and exon 23 Lys751Gln. Three of the four XPD polymorphisms showed statistically significant association with breast cancer risk in our case population. The Lys allele at Lys751Gln in exon 23 (age-adjusted OR: 1.89; 95% CI: 1.10-3.22), the C allele (C>T, Asp711) in exon 22 (OR: 2.02; CI: 1.11-3.66) and the C allele (C>A, 156Arg) in the exon 6 (OR: 3.96; CI: 1.92-816) showed association with increased breast cancer risk in BRCA1 mutation carriers. No association between genotypes and breast cancer risk was observed for the polymorphisms in the XRCC1 gene. These data are being confirmed in the validation set as described above.

The genetic polymorphisms and population frequencies for additional DNA damage response genes have now been made publicly available by Dr. Henry Mohrenweiser at Lawrence Livermore National Laboratory and as planned, we have completed our analyses of the genes that participate in the DNA repair-related BASC complex (which also includes BRCA1) (Table 1). We studied the following variants: ATM - 5'UTR 10805 A/G, D1853N, MLH1 - 5'UTR -93 G/A, MSH2 - IVS9 -9 T/C, IVS12 -6 T/C, and MSH6 - G36E. Of the 6 variants, only the glutamine variant at codon 36 of MSH6 may be associated with the diagnosis of breast cancer (OR=2.7, 95% CI 0.86-4.9) but in this data set the findings do not reach statistical significance. As BRCA1 and MSH6 function in different pathways of DNA damage repair, double strand break repair and mismatch repair respectively, it is possible that alterations in multiple pathways may be more important than multiple alterations in the same pathway.

Table 1. BASC Complex polymorphisms

Gene	Variant	Reported Frequency	Our frequency
MLH1	%'UTR -93	50%	27%
MLH1	1219V/L A>G or C	13-34%	ND
MSH2	IVS9-9T>C	20%	26%
MSH2	IVS12-6T>C	23%	10%
MSH2	G36E G>A	25%	19%
ATM	5'UTR10805 A>G	28%	55%
ATM	S49C	0.5%	2%
ATM	P1054R	1.5%	3%
ATM	D1853N G>A	25%	16%

Task 2. Perform a genome wide search to identify regions that contain novel genes, which modify breast cancer risk in BRCA1 mutation carriers (Months 18-36).

a. PCR amplification of microsatellite markers at 10-15 cM intervals throughout the genome. A request for funding for this subtask was outside the scope of this proposal and was requested from both the Center for Inherited Disease Research and The Marshfield Center. Both proposals were turned down due to what was perceived as the highly speculative nature of the project. Despite this, we believe this is an important component of the search for modifier genes, as not all may be considered a priori as candidates. Thus we undertook a directed study of chromosomes 4 and 5q, as these regions are frequently lost in BRCA1-associated breast cancers. With a limited set of relative pairs we did not see evidence of an association with age of diagnosis on chromosome 4 but found very interesting evidence of linkage on chromosome 5q. These data were published during Year 2. Subtasks b(separation with automated sequencer gel apparatus), c (checking of all automated data analysis), d (submission of final data in linkage format output to Dr. Shugart) and e (reanalysis of samples as indicated by statistical analysis) are all described manuscript submitted with our 2002 Progress Report (Nathanson, KL et al, 2002) .

Task 3. Statistical analysis of data (Months 12-36)

a. Analysis of candidate gene variants using a cohort study design based on Cox proportional hazards models and a case control design based on logistic regression analysis. We evaluated the relationship between genotypes at one of our high-priority candidate genes, IL-6, and breast or ovarian cancer using a nested case-control analysis approach. Overall, we saw no association of breast cancer with IL-6 genotypes carrying a G allele at position -174 (OR=1.0, 95% CI: 0.5-1.8). Similarly, we saw no effect of these genotypes on breast cancer risk when stratified by smoking, parity, or oral contraceptive use. Similarly, we saw no effect of IL-6 -174 GG genotype with ovarian cancer overall (OR=0.5, 95% CI: 0.2-1.8), and no effect of genotype on ovarian cancer risk when stratified by talc use, parity, or oral contraceptive use. However, we did observed a significant reduction of ovarian

cancer risk by IL-6 genotypes among ever smokers ($OR=0.14$, 95% CI:0.04-0.96; OR adjusted for parity, year of birth, and oral contraceptive use) but not in never smokers ($OR=1.62$, 95% CI: 0.19-13.71). This observation suggests that inflammatory responses to cigarette smoking, possibly mediated by IL-6, may affect ovarian cancer risks. These observations need to be further evaluated in a larger sample set considering dose and duration of cigarette smoking in addition to other ovarian cancer risk factors. Analyses of additional immune surveillance and DNA repair genotypes are currently underway.

- b. Analysis of linkage data using both model-based and model-free approaches. We will use both identity-by-state and identity-by-descent methods, including APM and SimIBD. We hypothesized that the modifier genes might be located in regions of allelic imbalance in the tumors of *BRCA1* mutation carriers, as have been reported on chromosomes 4p, 4q, and 5q. In order to determine whether novel genetic modifiers of *BRCA1*-associated breast cancer penetrance in these regions exist, we used non-parametric linkage analysis methods to determine whether specific chromosome 4p, 4q and 5q haplotypes were observed preferentially in breast cancer cases among women with *BRCA1* mutations. No significant linkage on chromosome 4p or 4q was observed associated with breast cancer risk in *BRCA1* mutation carriers. However, we observed a significant linkage signal at D5S1471 on chromosome 5q ($p= 0.009$) in all the families analyzed together. The significance of this observation increased in the subset of families with an average of breast cancer diagnosis less than 45 years ($p=0.003$). These results suggest the presence of one or more genes on chromosome 5q33-34 that modify breast cancer risk in *BRCA1* mutation carriers. The approach described here may be utilized to identify penetrance modifiers in other autosomal dominant syndromes. This work was completed and published in May 2002. Since that time we have continued the analysis of this region using a case-control analysis of candidate genes in the region. At present, preliminary data suggest that a strong candidate has been identified. This work is being prepared for publication,

These steps are described as part of Tasks 1 and 2 and have been completed for all the genes and chromosomal regions described in those analyses.

KEY RESEARCH ACCOMPLISHMENTS

- Collection of matched case-control set of 448 *BRCA1* and *BRCA2* mutation carriers (Year1)
- Collection of a relative pair sample set containing data on 600 *BRCA1* mutation carriers and DNA samples on 242 mutation carriers as components of a relative pair (Year 2)
- Completion of a comprehensive sequencing survey of immune surveillance genes for polymorphic variants (Year 1)

- Analysis of the population frequency of 26 polymorphisms in 13 immune surveillance genes (Year 1)
- Genotyping of 26 polymorphisms in 13 immune surveillance genes in the BRCA1/BRCA2 mutation carrier case-control set (Year 2)
- Identification of the immune surveillance genes TNF- α and IL-6 as candidate risk modifiers in the set of BRCA1/2 mutation carriers (Year 2)
- Exclusion of the immune surveillance genes IL1- α and - β , IL1-RN, IL-2, IL-10, CTLA4, TNF- α R, IL12p35 and IL12p49 from further analysis as candidate modifier genes in this set (Year 2)
- Analysis of the population frequency of nine polymorphisms in four DNA damage response gene polymorphisms (Year 2)
- Analysis of associated haplotypes in ATM to facilitate polymorphism typing (Year 3)
- Genotyping of 16 polymorphisms in seven DNA damage response genes in the BRCA1/BRCA2 mutation carrier case-control set (Years 1 and 2)
- Identification of the DNA damage response genes TP53 and XPD (Year 1) and MSH6 (Year 2) as a candidate risk modifiers in the set of BRCA1/2 mutation carriers
- Exclusion of XRCC1 (Year 1) and ATM, MLH1 and MSH2 (Year 2) from further analysis as a risk modifier in this set of BRCA1/2 mutation carriers
- Genotyping of 25 polymorphic microsatellite repeats on chromosomes 4 and 5q at an average of 12 cM intervals in 73 BRCA1 mutation carrier relative pairs (Year 2)
- Exclusion of chromosome 4 as a locus for candidate modifier genes in this sample set (Year 2)
- Identification of chromosome 5q as a candidate region to contain a modifier of BRCA1-related breast cancer penetrance, with a maximum likelihood score at locus D5S1471 (Year 2)
- Extended analysis of IL-6 as a modifier gene – analyses attached, manuscript under preparation (Year 3).
- Analysis and publication of results from the chr 4 and 5 linkage scan for modifiers (Years 2 and 3)

- Screening and analysis of candidate genes in the chr 5 linkage region for polymorphisms association with altered risk (Year 3).

REPORTABLE OUTCOMES

- A manuscript describing the immune surveillance gene polymorphism discovery and frequency evaluation has been published. (manuscript attached).

Martin AM, Athanasiadis G, Greshock JD, Fisher J, Lux MP, Calzone K, Rebbeck TR, Weber BL. Population frequencies of single nucleotide polymorphisms (SNPs) in immuno-modulatory genes. *Hum Hered.* 2003;55(4):171-8.

- A manuscript is under preparation describing the XPD and XRCC1 analyses. This work was presented in abstract form in at AACR in March, 2001 and an updated, expanded analysis was presented at ASHG in October, 2001.

B. Amirimani, S.L. Neuhausen, T. Tran T.R. Rebbeck, and B.L. Weber. Polymorphisms in XRCC1 and XPD as Breast Cancer Risk Modifiers in BRCA1 Mutation Carriers. Proceeding, American Association for Cancer Research, 2001.

B. Amirimani, S.L. Neuhausen, T. Tran T.R. Rebbeck, and B.L. Weber. Polymorphisms in XRCC1 and XPD as Breast Cancer Risk Modifiers in BRCA1 Mutation Carriers. Proceedings, American Society of Human Genetics, October 2001.

- An abstract describing IL-6 and TNF α as candidate modifiers of BRCA1 penetrance was presented at ASHG in October, 2001.
- A-M. Martin, P.A. Kanetsky, G. Athanasiadis, J.D. Greshock, T.R. Rebbeck, B.L. Weber immune surveillance genes and breast cancer: do *IL-6* or *TNF α* modify *BRCA1* penetrance? Proceedings, American Society of Human Genetics, October 2001.
- An abstract describing the analysis of the BASC complex genes as modifiers of BRCA1 penetrance was presented at ASHG in October, 2001.

KL Nathanson, R Letrero, P Kanetsky, Romaruddin, TR Rebbeck, BL Weber. Variants in the genes that encode the BRCA1-associated genome surveillance complex (BASC) in BRCA1 mutation carriers, Proceedings, American Society of Human Genetics, October 2001

- A manuscript describing the p53 polymorphism effect in women with BRCA1/2 mutations and multiple primary cancers has been published (manuscript attached).

Martin, A.M., Kanetsky, P.A., Amirimani, B., Colligon, T.A., Athanasiadis, G., Shih, H., Gerrero, M.R., Calzone, K.A., Rebbeck, T.R., Weber, B.L. Germline TP53 mutations in breast cancer families with multiple primary cancers. *J Med Genet* 40:e4, 2003.

- A manuscript has been published describing the analysis of chromosomes 4 and 5q for candidate modifier loci.

Nathanson, K.L., Shugart, Y.Y., Omaruddin, R., Szabo, C., Golgar, D., Rebbeck, T., Weber, B.L. CGH-target linkage analysis reveals a possible BRCA1 modifier locus on chromosome 5q. *Human Molec Genet*, 11:1327-1132, 2002.

- A manuscript that reconciles several previously published ATM haplotypes has been published.

Letrero R, Weber BL, Nathanson KL. Resolving ATM haplotypes in whites. *Am J Hum Genet*. 2003 Apr;72(4):1071-3.

- Patents and/or licenses: None.
- Degrees obtained: None.
- Repositories, data banks and informatics tools: No new ones have been created – this work is being performed retrospectively.
- Funding applied for on the basis of this work: Dr. Nathanson, the postdoctoral fellow who performed the portion of this work aimed at evaluating DNA damage response genes has applied for an NIH RO1 to continue this work. That grant is currently under review.
- Employment/research opportunities: One postdoctoral fellow (B. Amirimani) has completed her training with the analysis of the XRCC1 and XPD analyses and has obtained permanent employment based on this work (Year 1). She does not work on this project in her new position. A second postdoctoral fellow (A-M. Martin) has completed her training with the work on the immune surveillance genes. She has obtained a full time faculty position in an affiliated hospital. She continued to supervise work on the immune surveillance gene polymorphisms until that portion of the project was completed. A third postdoctoral fellow (K.L. Nathanson) completed her fellowship and obtained a faculty position at the University of Pennsylvania in the Department of Medicine. This work has formed the basis for her independent career.

CONCLUSIONS

This work supports the existence of multiple genetic modifiers of BRCA1/2-related breast cancer penetrance. We have evidence that genetic variants in TNF- α , IL-6, p53 and XPD and MSH 6 may function in this capacity. In addition, we have evidence for a candidate locus on chromosome 5q based on a modified linkage approach. This work is important not only in ultimately leading to more refined cancer risk estimates for women with BRCA1 and BRCA2 mutations, but will also yield candidates for risk alleles in the general population as well as generate hypotheses for mechanisms that explain these

effects. Once these mechanisms have been elucidated, these points in key pathways become excellent targets for preventative and therapeutic intervention.

REFERENCES

None

APPENDIX

Manuscripts as described in Reportable Outcomes

IL-6 Analysis Part 1

IL-6 Analysis Part 2

ELECTRONIC LETTER

Germline *TP53* mutations in breast cancer families with multiple primary cancers: is *TP53* a modifier of *BRCA1*?

A-M Martin, P A Kanetsky, B Amirimani, T A Colligon, G Athanasiadis, H A Shih,
M R Gerrero, K Calzone, T R Rebbeck, B L Weber

J Med Genet 2003;40:e34 (<http://www.jmedgenet.com/cgi/content/full/40/4/e34>)

Somatic mutations in *TP53* are the most frequent events in human cancer and lead to inactivation of the gene, loss of tumour suppressor function, and in some cases generation of a dominant negative form of p53.¹⁻³ Eleven exons make up the primary transcript of *TP53*, of which exons 2-11 encode the protein. Five conserved domains exist in exons 1, 4, 5, 7, and 8,⁴ which are considered essential for normal p53 function. Approximately 90% of disease associated mutations occur in these domains, with mutations in five codons (175, 245, 248, 249, and 273) accounting for approximately 20% of all mutations reported to date.

Germline mutations in *TP53* cause Li-Fraumeni syndrome (LFS), a familial association of childhood leukaemia, brain cancer, soft tissue sarcoma, and adrenal cortical carcinoma,⁵⁻⁶ as well as other cancers such as breast cancer, melanoma, germ cell tumours, and carcinomas of the lung, pancreas, and prostate.⁷⁻⁸ Cancers characteristically develop at unusually early ages and multiple primary tumours are frequent. Susceptibility to cancer in these families follows an autosomal dominant pattern of inheritance⁹ and among families with a known germline *TP53* mutation the probability of developing any invasive cancer (excluding carcinomas of the skin) approaches 50% by the age of 30, compared to an age adjusted population incidence of cancer of 1%. It is estimated that more than 90% of *TP53* mutation carriers will develop cancer by the age of 70.⁹

In addition to the numerous mutations, *TP53* also contains several polymorphisms that may alter its activity. In particular, at nucleotide 215 (codon 72) there is a single base pair variant (g.215G>C) in the coding region, which results in a substitution of proline for arginine in the protein sequence.¹⁰ The frequency of this polymorphism varies from 26-35%,¹¹⁻¹³ and it appears to affect protein function. The R72 variant of *TP53* is believed to be more sensitive to human papillomavirus (HPV) induced degradation by the E6 oncoprotein than the 72P variant, and is thought to be of functional significance in HPV associated tumours¹⁴ such as cervical tumours.¹⁵⁻¹⁷ Furthermore, some, but not all studies document an overrepresentation of R72 variant in cervical cancer patients compared to a control population.¹⁸⁻¹⁹ However, other reports suggest the association of the 72P variant with incidence of squamous cell carcinoma of the head and neck²⁰ and lung adenocarcinomas in smokers.²¹

In families with multiple cases of breast cancer that do not fit the criteria for LFS, the frequency of *TP53* germline mutations has been investigated in multiple studies,²²⁻²⁸ documenting that *TP53* mutations account for <1% of site specific breast cancer families.²³ However, among LFS families, there is a very high incidence of early onset breast cancer. Taken together, these data suggest that germline *TP53* mutations are strongly associated with hereditary breast cancer susceptibility but almost exclusively in the context of LFS.

Because of the high penetrance of early onset breast cancer and the known increased incidence of multiple primary cancers in LFS families (50% by 30 years of age),⁹ we investi-

Key points

- Eighty eight women with breast cancer and a personal or family history of multiple primary cancers (MPC) (including ovarian cancer) and 84 women with a personal and family history of breast cancer only (BC) were studied. All women had been previously screened for germline *BRCA1* and *BRCA2* mutations; 38 (43%) of MPC women and 10 (12%) of BC women had a mutation in one of these two genes.
- We determined the frequency of deleterious germline *TP53* mutations, as well as the common R72P polymorphism in *TP53* and investigated the association of this polymorphism with the development of cancers in the entire study set. We also evaluated the association between R72P and breast cancer penetrance in the subset of women with known *BRCA1* or *BRCA2* mutations.
- One woman, from a family with breast cancer only, was found to have a deleterious *TP53* mutation (exon 7, G245S); no deleterious *TP53* mutations were detected in the families with cases of multiple primary cancers. The common R72P polymorphism was seen at a frequency of 41% in the entire sample. MPC women were more likely to be homozygous for R72 compared to BC women ($p=0.05$, OR 2.83, 95% CI 1.2 to 6.9), an association that was more striking in women with a *BRCA1* or *BRCA2* mutation (OR 6.1, 95% CI 1.4 to 26.4).
- We also found that the presence of a 72P allele was associated with an earlier age of breast cancer diagnosis among *BRCA1* mutation carriers ($p=0.05$), suggesting that the R72P polymorphism may be a modifier of *BRCA1* penetrance.

gated whether deleterious germline mutations in *TP53* and/or the R72P polymorphism were associated with multiple primary cancers (in which one was breast cancer) in families with ≥ 2 breast cancers but no evidence of LFS. One previous study investigated the frequency of germline *TP53* mutations with bilateral breast cancer²² and found no *TP53* mutations; however, only 19 samples were tested. In the current study we determined the frequency of deleterious *TP53* germline mutations in 172 breast cancer families, with and without multiple primary cancers. Germline *BRCA1* or *BRCA2* mutation status was known in all subjects²⁰; 43% of women with multiple primary cancers and 12% of women with breast cancer only had

Abbreviations: MPC, multiple primary cancers; BC, breast cancer only; LFS, Li-Fraumeni syndrome; HPV, human papillomavirus

Table 1 Non-breast primary cancers in families with multiple primary cancers

Cancer	No. of families with cancer*
Ovarian	29
Colorectal	13
Non-melanoma skin	11
Thyroid	6
Endometrial	6
Cervix	5
Leukaemia	4
Lymphoma	3
Others†	13

*Five patients had two or more non-breast cancers, so the number of cancers does not equal the number of patients.

†Other primary cancers include melanoma, brain, head/neck, sarcoma, lung, kidney, and pharynx.

either a *BRCA1* or *BRCA2* mutation. In addition, we established the frequency of the common exon 4 polymorphism (R72P) in this sample and evaluated whether this polymorphism may be a modifier of breast cancer penetrance in the presence of *BRCA1* or *BRCA2* mutations.

MATERIALS AND METHODS

Patient population

All families were recruited from clinics at the University of Michigan (1993-1995) and the University of Pennsylvania (1995-1998). Patients were either self- or physician referred because of a perceived risk of inherited susceptibility to breast cancer. All women consented to genetic testing for clinical and/or research purposes. Personal and family histories of all cancers were recorded, including age of diagnosis of all cancers and the number of related women in each family at risk for breast cancer (age ≥ 20 years). Pathology reports were obtained on all probands and on other family members when possible. The testing protocol was approved by duly constituted institutional review boards at both the University of Michigan and the University of Pennsylvania.

Eighty-eight women were from families with at least two cases of breast cancer and at least one woman affected with both a primary breast cancer and a primary non-breast cancer (denoted MPC). Eighty-four (95%) MPC women had two primary cancers, and four MPC women (5%) had three or more primary cancers. All non-breast malignancies were considered, including non-melanoma skin cancers. An additional 84 women were from families with at least two cases of breast

Table 2 Description of relatives providing sample for testing

Sample number tested (relative)	Age of breast cancer in relative	Average age of diagnosis of additional cancer(s) in multiply affected subject	Second primary cancer in multiply affected subject	Relationship of subject providing DNA for testing
229	30	58	Ovarian	Daughter
522	56	63	Ovarian	Niece
743	69	74	BCC, cervical NHL	Niece
673	40	43	BCC	Daughter
513	38	30	Cervical	Daughter
641	44	30	Colon	Cousin
813	36	44	Ovarian	Niece
852	56	53	BCC, endometrial	Niece
834	45	40	Cervical	Sister
1019	50	63	Ovarian	Daughter
842	27	47	Ovarian	Sister
975	57	50	BCC	Sister
1965	57	25	Thyroid	Daughter
910	74	55	Thyroid	Daughter
1946	44	84	Leukaemia	Daughter
1901	30	65	Lung	Niece
1907	46	86	Colon, rectal	Daughter
1208	41	51	Ovarian	Sister
1708	72	69	Skin, cervical, endometrial	Sister
1785	51	49	Colon	Granddaughter
1844	52	67	Colon	Daughter
1773	50	51	Cervical	Niece
1762	45	74	Colon	Daughter
1797	36	50	Ovarian	Daughter
1748	42	72	Hodgkin's lymphoma	Granddaughter
1722	50	83	Endometrial	Granddaughter
1719	40	23	Ovarian	Sister
1718	35	36	Ovarian	Granddaughter
1763	41	56	Colon	Daughter
1794	40	40	Ovarian	Cousin
1783	53	53	Throat	Double cousin
1853	57	57	Brain	Grandniece
320	40	40	Pituitary	Niece
1987	55	55	Ovarian	Daughter
1909	70	70	Leukaemia	Granddaughter
1954	61	61	Thyroid, colon	Sister
1851	43	74	Leukaemia	Cousin
1806	49	49	Melanoma	Daughter
1863	39	39	Ovarian	Daughter
1993	67	67	Colon	Cousin
2074	95	95	Colon	Niece
2038	50	52	Ovarian	Daughter
2067	50	50	BCC	Daughter
2233	41	42	ALL	Niece
2241	61	52	Ovarian	Cousin

Table 3 Primer sequences

Exon	Primer sequences	Annealing temp (°C)	Reference
2/3	Forward: 5'-ggalccccatctttccctt-3' Reverse: 5'-agcatcaatctatccatcg-3'	57	
4	Forward: 5'-gacatggtccttgatcg-3' Reverse: 5'-atccggccaggcatgtgg-3'	54	
5/6	Forward: 5'-gccctgactttcaatgt-3' Reverse: 5'-taacccttcctccatcgaga-3'	54	
7	Forward: 5'-ggccatgggtttccatcg-3' Reverse: 5'-gggggtccatggcgatcg-3'	55	Evans <i>et al</i> ⁵³
8/9	Forward: 5'-caatggatgggtggatcg-3' Reverse: 5'-actgtataatggatcg-3'	54	
10	Forward: 5'-atgtgtttatcgatcg-3' Reverse: 5'-cttccaaatcgatcg-3'	54	
11	Forward: 5'-atccatcgatcgatcg-3' Reverse: 5'-atggcaggggatcg-3'	55	Evans <i>et al</i> ⁵³

cancer but no cases of multiple primary cancers (denoted BC). DNA was available from at least one woman with multiple primary cancers in 43 families. In the remaining 45 multiple primary cancer families, the multiply affected woman was dead ($n=33$) or unavailable ($n=12$). In these families, TP53 screening was undertaken using DNA from the closest female relative diagnosed with breast cancer. Table 1 provides a description of the cancers reported in subjects with multiple primary cancers and table 2 is a detailed description of the female relatives of a multiply affected woman, who provided samples for testing. All samples were previously screened for germline mutations in BRCA1 and BRCA2³⁰; 38 MPC women and 10 BC women had a BRCA1 or BRCA2 germline mutation.³⁰

Mutation analysis

DNA was extracted from peripheral blood mononuclear cells and stored in TE at 4°C. The entire 10 exon coding domain and flanking splice site regions of TP53 were amplified using seven PCR primer sets (table 3). PCR amplification was performed in a final volume of 20 µl containing 80 ng of DNA, 1.5 mmol/l MgCl₂, 10 mmol/l Tris-HCl (pH 8.3), 50 mmol/l KCl, 0.2 mmol/l each of dCTP, dATP, dTTP, dGTP (Amersham Pharmacia Biotech), each primer at 1.0 µmol/l, and 1.0 unit of Taq polymerase (Boehringer Manheim). Annealing temperatures were optimised for each primer set and ranged from 55–60°C. Variants were identified by conformation sensitive gel electrophoresis (CSGE) as previously described³⁰ and characterised by direct sequencing using the ABI Prism 377 after reamplification from source DNA. All mutation nomenclature is reported using the recommendations of den Dunnen and Antonarakis.³¹

Statistical analysis

Differences in TP53 mutation frequency between the MPC and BC groups were assessed using χ^2 analysis. Odds ratios (OR)

and 95% confidence intervals (95% CI) were reported. In those instances where expected cell counts fell below five, we used exact methods to determine the 95% CI.³² Furthermore, we used the Mann-Whitney U-Wilcoxon rank sum test to determine whether TP53 genotypes altered the median age of first breast cancer diagnosis within categories defined by BRCA1 or BRCA2 mutation status.

RESULTS

DNA from one woman from a BC family and no BRCA1 or BRCA2 mutation showed an abnormal CSGE profile in TP53 exon 7. Sequence analysis of this variant showed a G to A transition at the first nucleotide in codon 245 resulting in a glycine-serine change at this position (G245S). No presumed deleterious TP53 mutations were seen in the MPC group (MPC=0%, BC=1.2%, p=0.31).

The proline allele of the R72P polymorphism was seen at a frequency of 41% in the entire sample. The distribution of R72P genotypes within groups is presented in table 4. Owing to the small number of homozygous 72P genotypes, all 72P alleles were combined into one group (P^{/*}). When we performed subgroup analyses in women with BRCA1 or BRCA2 mutations, MPC women were six times more likely to have the homozygous R72 genotype than BC women (OR=6.1, 95% CI 1.4 to 26.4) (table 5). However, because of the small sample size, a statistically significant association between the homozygous R72 genotype and MPC could not be confirmed separately in an analysis of only BRCA1 mutation carriers or only BRCA2 mutation carriers.

Table 5 TP53 R72P genotypes in MPC and BC families by BRCA1/2 mutation status

TP53 genotype	MPC (n=43)		BC (n=84)	
	No (%)	No (%)	No (%)	OR 95% CI
BRCA1 or BRCA2 mutation				
R/R	19 (83)	7 (44)	6.1 (1.4, 26.4)	
P ^{/*}	4 (17)	9 (56)	1.0	
BRCA1 mutation				
R/R	16 (80)	3 (43)	5.3 (0.83, 34.1)	
P ^{/*}	4 (20)	4 (57)	1.0	
BRCA2 mutation				
R/R	5 (83)	4 (44)	6.3 (0.50, 77.5)	
P ^{/*}	1 (17)	5 (56)	1.0	
No detectable mutation				
R/R	16 (80)	44 (65)	2.2 (0.66, 7.3)	
P ^{/*}	4 (20)	24 (35)	1.0	

P^{/*} = R72P or P72P.

Three women in the sample set had both a BRCA1 and a BRCA2 mutation.

Table 4 TP53 exon 4 R72P genotypes in subjects with multiple primary cancers (MPC) compared to subjects with breast cancer only (BC)

TP53 genotype	MPC (n=43)		BC (n=84)	
	No (%)	No (%)	No (%)	No (%)
R/R	35 (81)	51 (61)		
R/P	6 (14)	28 (33)		
P/P	2 (5)	5 (6)		
P ^{/*}	8 (19)	33 (39)	OR=2.83 (1.2, 6.9)	

P^{/} is the combined genotypes of R/P and P/P used for statistical analysis owing to the rarity of the P allele.

Table 6 TP53 R72P genotypes by age of diagnosis of breast cancer and BRCA1/2 mutation status

TP53 genotype	Median age	(IQR)	p value
BRCA1 or BRCA2 mutation			
R/R [n=26]	42	[35-51]	0.01
P/* [n=13]	32	[30-38]	
BRCA1 mutation			
R/R [n=19]	46	[35-51]	0.05
P/* [n=8]	32	[30-41.5]	
BRCA2 mutation			
R/R [n=9]	39	[35-46]	0.39
P/* [n=6]	35	[30-43]	
No detectable mutation			
R/R [n=60]	49	[37-61.5]	0.98
P/* [n=28]	50	[42-57]	

Three women in the sample set had both a BRCA1 and a BRCA2 mutation.

In an evaluation of the R72P polymorphism as a modifier of breast cancer penetrance in women with germline *BRCA1* or *BRCA2* mutations, we found that in the combined *BRCA1* and *BRCA2* mutation carrier analysis, the presence of any 72P allele was associated with an earlier median age of breast cancer diagnosis (median age=32, interquartile range (IQR) 30-38) compared with the homozygous R72 genotype (median age=42, IQR 35-51, p<0.01) (table 6). This association was limited to *BRCA1* mutation carriers (median age=32, IQR 30-41.5, p<0.05) and was not seen in *BRCA2* mutation carriers (median age=35, IQR 30-43, p<0.39) (table 6).

DISCUSSION

In this study, we screened all 10 coding exons of *TP53* in women with a personal history of breast cancer with or without a personal or family history of multiple primary cancers. These women previously had been characterised for *BRCA1* and *BRCA2* mutations.³⁰ We identified one potential deleterious missense mutation (G245S) in a member of a family with a history of site specific breast cancer only. This patient did not carry a germline mutation in either *BRCA1* or *BRCA2*. The G245S missense mutation has been reported previously in the germline of a woman with breast cancer³¹ and the germline of a man with sarcoma.³² Our proband was diagnosed with breast cancer at the age of 29. In addition, her sister was diagnosed with breast cancer at the age of 27 and went on to develop a second primary breast cancer at 31 years of age (fig 1). However, the G245S mutation was not detected in DNA from the sister's first breast tumour. In addition, there was no allelic loss of flanking *TP53* in that tumour (data not shown). Thus it

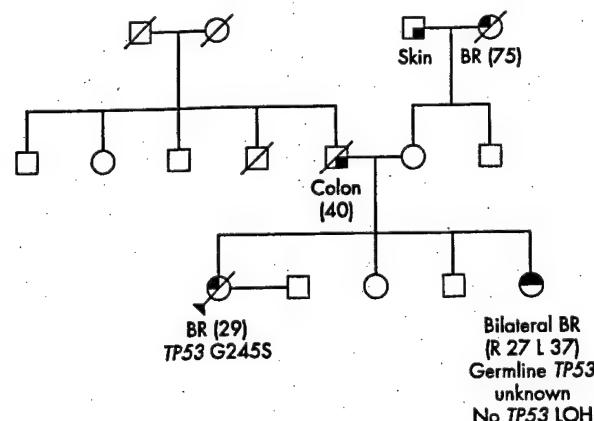


Figure 1 Pedigree of a patient with germline *TP53* mutation. Numbers in parentheses indicate age of cancer diagnosis.

is possible that either the proband's sister is a phenocopy or the *TP53* mutation is not the relevant source of breast cancer susceptibility in this family, but this would need to be confirmed by testing the germline DNA, which was unavailable. Thus, we conclude that germline *TP53* mutations are not an important cause of multiple primary cancers outside the setting of LFS.

In this sample set the 72P allele was found at a frequency of 41%, somewhat higher than the previously reported 26-35%.¹¹⁻¹³ Nonetheless, we observed a six-fold higher frequency of the homozygous R72 genotype among MPC women with *BRCA1* or *BRCA2* mutations compared to BC women with a *BRCA1* or *BRCA2* mutation. These data suggest that women who are homozygous for the R72 allele and have a mutation in *BRCA1* or *BRCA2* may be at increased risk for developing multiple primary cancers. Although contrary to the study by Brose *et al*,¹⁴ who showed that *BRCA1* mutations do not confer an increased risk of most additional primary cancers, nonetheless this present study did not explore the combined association of both a *BRCA1* mutation and the *TP53* R72P polymorphism and its potential role as a modifier of *BRCA1* associated breast cancer risk.

Other studies associating the homozygous R72 allele and increased cancer risk have been reported. In the first such example, the association between *TP53* polymorphisms and human papillomavirus (HPV) associated cervical cancer was examined, suggesting that women who were homozygous for the R72 allele were seven times more susceptible to HPV related cervical cancer than with at least one 72P allele.¹⁵ However, these data have been difficult to replicate and an equal number of studies have either confirmed¹⁶⁻¹⁸ or disputed¹⁹⁻²¹ the R72 association with cervical cancer.

In the subset analysis of the R72P polymorphism as a candidate modifier of breast cancer penetrance in *BRCA1/2* mutation carriers, we observed that the presence of a 72P allele was associated with an earlier age of breast cancer diagnosis among women with a *BRCA1* mutation. One possible explanation for the association of 72P with earlier onset breast cancer in *BRCA1* mutation carriers and R72 with MPC would be excess or earlier mortality among women with an earlier age of diagnosis of breast cancer (that is, those with the 72P). Thus if women homozygous for R72 may live longer, they may have a greater likelihood of developing a second cancer.

BRCA1 physically interacts with p53 in vitro and both *BRCA1* and *BRCA2* physically interact with p53 in vivo resulting in enhanced p53 mediated transcription.⁴⁴⁻⁴⁶ There are two p53 binding sites in *BRCA1*; one is close to the nuclear localisation signal in the N-terminal region of exon 11⁴⁷ and one is in the most C-terminal BRCT domain.⁴⁷ Deletion of the N-terminal exon 11 p53 binding site prevents in vitro interaction of the two proteins and abrogates the coactivation effect of *BRCA1* on p53 responsive promoters such as bax, p21, and GADD45.⁴⁸⁻⁵⁰ In addition, a truncation mutant of *BRCA1* that retains the p53 interacting site but removes the C-terminal *BRCA1* transactivation domain acts as a dominant inhibitor of p53 dependent transcription.⁴⁸ Finally, *TP53* mutations are more common in *BRCA1* associated breast cancers than sporadic or *BRCA2* associated tumours. Somatic *TP53* mutations have been reported in as many as 80% of *BRCA1* associated tumours,^{49,50} leading to the speculation that *TP53* mutations, or another component of the relevant pathway, maybe required before *BRCA1* related tumorigenesis can proceed.⁵¹ Recent data from murine models strongly support this hypothesis.⁵²

Our data provide additional support for a critical role of the p53/*BRCA1* interaction in tumorigenesis, suggesting an association between *TP53* variants and cancer risk in women with *BRCA1* mutations. Thus, it is possible that the R72P polymorphism in *TP53* subtly alters the p53/*BRCA1* interaction and in turn alters *BRCA1* associated tumorigenesis.

In summary, we provide evidence that germline mutations in *TP53* are rarely associated with the presence of multiple

primary cancers in breast cancer families and support previous studies suggesting that *TP53* mutations account for less than 1% of hereditary susceptibility to breast cancer. However, we found presence of the homozygous R72 allele was associated with a six-fold increased risk for the development of multiple primary cancers among subjects with a germline *BRCA1* or *BRCA2* mutation. Finally, we provide preliminary evidence that the arginine allele of R72P in exon 4 of *TP53* may modify *BRCA1* associated breast cancer risk, using age of diagnosis as a surrogate for penetrance.

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Letter to the Editor

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Resolving ATM Haplotypes in Whites

To the Editor:

In two recent studies, Bonnen et al. and Thorstenson et al. demonstrated extensive linkage disequilibrium distributed along *ATM* (GenBank accession number U82828) using SNPs (Bonnen et al. 2000; Thorstenson et al. 2001). In whites (Europeans), no recombination was observed along *ATM*. However, there are some discrepancies between the two articles, in that Thorstenson et al. found three haplotypes (H2, H3, and H4) in whites, whereas Bonnen et al. found five major haplotypes with frequencies >5% (2, 3, 15, 17, and 22) and two minor haplotypes in whites. Thorstenson et al. suggest that haplotype 2 and H4 may be equivalent, as may be 17 and H2 and 15 and H3. However, haplotype 22, which accounts for 35% of the population as determined by Bonnen et al., was not accounted for in the suggested equivalency. The two studies had only one overlapping SNP used to determine haplotypes, which may contribute to the discrepancy. Because we are interested in haplotyping *ATM* for association studies with breast cancer, we compared the haplotypes from the two studies in 159 individuals from 83 unrelated families with deleterious *BRCA1* mutations in order to determine which haplotypes are equivalent. Of the probands from the 83 families, all of whom carried *BRCA1* mutations, 72 were affected with cancer and 11 were not affected with cancer. In addition, we sought to determine the association of the three previously studied nonconservative coding region SNPs (S49C, D1853N, and P1054R) with each haplotype. As delineated by Thorstenson et al., there is a total of 12 nonconservative coding region SNPs in all populations, of which four appear in whites (S49C, F868L, D1853N, and P1054R). We were particularly interested in examining the association of the SNPs with the haplotypes, as Thorstenson et al. found that D1853N defined a single haplotype (H3), unlike Bonnen et al., who describe haplotype 15 (the suggested equivalent of H3) independently.

Bonnen typed 295 individuals from four ethnic groups (71 African Americans, 39 Asian Americans, 77 white European Americans, and 73 Hispanic Americans) for

14 SNPs that spanned 142 kb across *ATM*. Using the 14 SNPs, they predicted a total 22 of *ATM* haplotypes, using EMHAPFRE, with five predominant haplotypes having a frequency $\geq 5\%$. The major haplotypes identified in white European Americans were 2 (29.2%), 3 (6.5%), 15 (17.5%), 17 (10%), and 22 (35.1%), as shown in table 1. In addition, they examined the association between three nonconservative coding region SNPs (S49C, D1853N, and P1054R) and the haplotypes they determined. Each nonconservative coding region SNP showed a significant association with a specific haplotype of *ATM*, as defined in their study (table 2). SNP1 (S49C) showed an association with haplotype 2, SNP2 (D1853N) with haplotype 15, and SNP3 (P1054R) with haplotype 17.

Thorstenson et al. typed 93 individuals from seven major human populations (18 from Africa, 9 from the Middle East, 12 from the Indian peninsula, 20 from Asia, 16 from Europe, 8 from Oceania, and 10 American Indians) for 17 SNPs (only one common to the 14 SNPs in the work of Bonnen et al.) spanning 146 kb across *ATM*. Ten of the 17 SNPs were found to be in complete linkage disequilibrium and were used to construct the *ATM* haplotypes. Seven haplotypes (H1–H7) were inferred using a maximum parsimony approach. In the European population, three major haplotypes were identified: H2 (40%), H3 (12.5%), and H4 (47%) (table 1).

Table 1

Frequency of Haplotypes from Bonnen et al., Thorstenson et al., and Current Study Determined in Probands from Families and All Family Members

STUDY AND HAPLOTYPES	Published	FREQUENCY (%)	
		Probands	All Individuals
Bonnen et al.:			
2	29	33	39
3	6.5	4	3
15	17.5	16	14
17	10	12	14
22	35	35	30
Thorstenson et al.:			
H2	40	47	43
H3	12.5	17	14
H4	47	37	43

Thorstenson et al. also examined the association between these haplotypes and the same amino acid variant SNPs as Bonnen et al. S49C showed an association with H4, P1054R showed an association with H2, and D1853N defined H3.

For our comparison, we constructed new ATM haplotypes by genotyping 159 individuals (318 alleles) from 83 families with deleterious *BRCA1* mutations; 150 were white (non-Hispanic), and 9 were African American. These individuals are representative of our breast cancer study population. Our aim was to reconstruct ATM haplotypes as closely equivalent as possible to those of the other two studies, using the minimum number of SNPs from each paper that defined each haplotype. Thus, the following SNPs were genotyped: 10182, IVS46-257, IVS55+186, and IVS62-694 from the Bonnen study and IVS17-56 and D1853N from the Thorstenson study. The SNPs selected for this study allowed definition of all the major haplotypes in whites with haplotype frequencies >5%. Haplotypes 6 and 21, seen in table 2 of Bonnen et al., have haplotype frequencies <5% and, therefore, were not included in the study. Of the 159 samples typed using the SNPshot protocol on an ABI Prism 3100, all but two samples (1%) were consistent with the haplotype equivalencies shown in figure 1.

On the basis of our findings (shown in fig. 1), Bonnen's haplotype 22 and haplotype 17 are encompassed by Thorstenson's H2, and haplotypes 2 and 3 are encompassed by H4. Haplotype 15 is equivalent to H3. Our haplotype frequencies are consistent with those of Bonnen and Thorstenson in white individuals, as shown in table 1. For the two samples that did not fit into the equivalencies suggested in figure 1, one of the two samples contained haplotype 11, which was shown by Bonnen et al. to have a 1.3% frequency in the Asian population. It was seen in an individual homozygous for H4 and appears to be derived from haplotype 2. In the other sample, the haplotypes were not resolvable despite repeated genotyping.

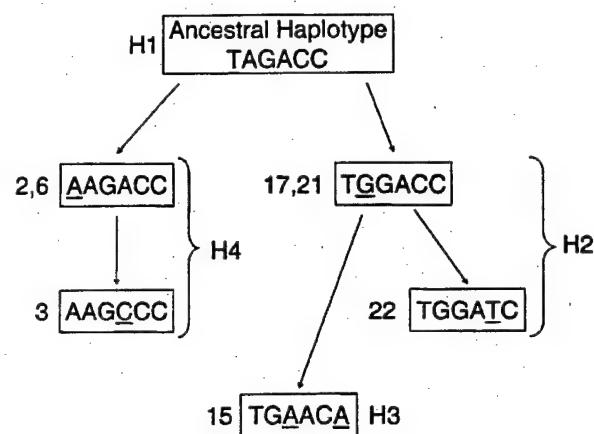


Figure 1 Phylogenetic relationship and equivalencies among major haplotypes in the work of Bonnen et al. and Thorstenson et al. Base pair changes defining the haplotypes are 10182T→A, IVS17-56G→A, 5557G→A (D1853N), IVS46-257A→C, IVS55+186C→T, and IVS62-694C→A.

As in the study by Bonnen et al., we report the percentage of the most frequent haplotype of the total number of alleles that are in the individuals with three nonconserved coding region SNPs (table 2). Similar to the study of Bonnen et al., haplotype 2 is the most frequently occurring allele in the individuals with S49C (cSNP1; 50%) but does not differ significantly from the percentage of haplotype 2 (of the total alleles) in the remaining individuals (38%; $P = .6$). Haplotype 17 is the most frequent allele in the individuals with P1054R (cSNP3; 46%), significantly more than in the alleles of the individuals without P1054R (9%; $P = .003$). Neither S49C nor P1054R is found exclusively on the haplotypes they are most frequently associated with, 2 and 17, respectively. For both S49C and P1054R, if the individual did not carry the most frequent haplotype (i.e., 2 and 17, respectively), he or she carried the haplotype

Table 2

Most Frequent Haplotypes within Individuals Carrying Nonconservative Coding Region SNPs

NONCONSERVATIVE CODING REGION SNPs	Associated Haplotype	BONNEN ET AL.		THORSTENSON ET AL.	
		Frequency of Associated Haplotype (%) Current Study ^a	Published ^a	Associated Haplotype ^b	Frequency in Current Study of Associated Haplotype ^b (%)
S49C	2	50	64	H4	56
D1853N	15	66	57	H3	66
P1054R	17	46	52	H2	57

^a Compares the percentage of the alleles with the most frequent haplotype in the group of individuals with the SNP, as published by Bonnen et al. and in the current study.

^b Shows the percentage of total alleles contributed by the equivalent haplotypes (from Thorstenson et al.) in all the individuals with the SNP.

derived from the most common haplotype (i.e., 3 and 22, respectively).

Unlike Bonnen et al., we did not find haplotype 15 in individuals without the D1853N SNP (cSNP2), and the frequency of haplotype 15 in the individuals with D1853N is entirely reflective of the rate of heterozygotes and homozygotes for D1853N. Our results are consistent with those of Thorstenson et al., who found the 1853N SNP defining a specific haplotype (H3). However, in general, our results are similar to those found by Bonnen et al. in the white population. In light of the interest in completing haplotype maps of the genome, this study illustrated two points that need to be taken into consideration in haplotype-association studies. First, haplotype association studies might miss functional SNPs similar to S49C, since haplotype 2 is no more frequent in carriers of S49C than noncarriers of S49C. Secondly, some nonconservative coding region SNPs, although associated with certain haplotypes, are not always seen in the context of the same haplotype, as seen with S49C and P1054R, whereas others are completely associated, as seen with D1853N. Our observation illustrates the importance of constructing phylogenetic trees to understand how haplotypes might be grouped together for association studies. Thus, association studies using haplotype maps need to be constructed carefully with thought to the potential pitfalls demonstrated by this study.

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Electronic-Database Information

Accession number and URL for data presented herein are as follows:

GenBank, <http://www.ncbi.nlm.nih.gov/Genbank/> (for genomic sequences of ATM [accession number U82828])

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Population Frequencies of Single Nucleotide Polymorphisms (SNPs) in Immuno-Modulatory Genes

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Key Words

Cytokines · SNPs · Allele frequencies · African American · Caucasian

Abstract

Inherited polymorphisms in immuno-modulatory genes may contribute to variations in immune function and genetic susceptibility for complex diseases, including cancer. We report results from a comprehensive study to discover novel single nucleotide polymorphisms (SNPs) and to estimate allelic frequency for both novel and known coding and regulatory region SNPs in genes encoding proteins that have been implicated in the immune response to tumors. We identified 12 novel nucleotide substitution variants and one deletion variant in 17 genes analyzed (*TGF β R*, β 2M, *IFN γ* , *TNF α* , *TNF α R*, *LTA*, *IL-6*, *IL-12*, *IL-2*, *IL-1 α* , *IL-1 β* , *IL-1RN*, *IL-10*, *CTLA4*, *CD40L*, *Fas* and *FasL*). We determined the frequency of these novel polymorphisms, as well as 17 previously identified polymorphisms, in a control sample of 158 individuals, approximately half of which were Caucasian ($n = 74$) and half of which were African American ($n = 84$).

Significant differences in allele frequencies were observed between the two racial groups for 13/17 genes tested. These allelic variations maybe associated with alterations in immune function and thus susceptibility to a number of complex disease states such as cancer.

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Introduction

The immune system is a complex network of cells that has evolved to protect humans against infectious agents and tumor growth. In the case of cancer, the major anti-tumor effect is cell-mediated with the involvement of T lymphocytes, as well as natural killer (NK) cells. T lymphocytes are activated by recognizing peptides or antigens on the surface of target cells in the context of the major histocompatibility complex. Following activation of antigen-specific T cells, a cascade of events takes place leading to proliferation of the T cell itself, as well as recruitment of other immune cells and secretion of cytokines. The central role of cytokines as mediators of the immune response, as well as their involvement in various immuno-

logical functions, is of interest to many investigators. The balance between pro- and anti-inflammatory cytokines is critical for the immune system to function adequately and can greatly influence the outcome of the immune response to protect against disease development. Thus, specific immuno-modulatory gene polymorphisms associated with gene regulation and protein expression may influence clinical outcome of a number of disease states, such as malignancy [1, 2], infectious diseases [3, 4], autoimmunity [5], transplant tolerance [6], asthma and allergy [60] and graft-versus-host disease [7].

Familial studies of cancer have identified a number of cancer susceptibility genes, including high penetrance genes (*BRCA1*, [8]) and low penetrance genes (*CHEK2* [9], androgen receptor and N-acetyltransferase 1 (reviewed in [10]). Low penetrance genes may modify high penetrance genes [reviewed in 11, 12], for example specific variant forms of *MC1R* modify *CDKN2A* penetrance and the development of melanoma [13]. It is postulated that low penetrance cancer susceptibility alleles are the result of genetic polymorphisms (the most frequent of which are single nucleotide polymorphisms (SNPs)), which contribute to variation in gene expression or function and thus alter risk for disease [11, 14]. One example of the functional effect of genetic variation may be the documented inter-individual differences in immune response capacity [15, 16]. This hypothesis is supported by the association of several known SNPs in immuno-modulatory genes and altered immune capacity [reviewed in 17, 18]. Thus, given that tumor development may in part depend on escaping immune surveillance, these SNPs may constitute risk factors for cancer development.

There is evidence to show that the random distribution of allele frequencies throughout the human genome follows diverse ethnic and/or racial trends [19, 20]. The frequency of sequence variations can differ by race and ethnicity and this variation may be associated with a difference in risk for disease between these groups [11]. For example, documented differences in allele frequencies between African Americans and Caucasians for genes involved in DNA repair [21] and hormone metabolism [22] have been proposed to contribute to differences in lung cancer [23] breast cancer [21, 24] and prostate cancer risk [25]. Inter-racial studies of immune function suggest that there are differences between African Americans and Caucasians in leukocyte subsets [26] as well as in the expression of co-stimulatory molecules on the surface of lymphocytes. Furthermore, up to 30% of healthy Caucasians have a constitutively low natural killer cell count [27], likely a result of polymorphic genetic variants.

As noted above, several studies have reported associations between immune response gene variants and disease susceptibility; however, a comprehensive survey of candidates for antitumor immune response genes and an analysis of the underlying frequency and distribution of these gene variants across populations have not been performed. We analyzed a panel of 17 genes including, cytokines such as interleukins (*IL-1*, *IL-2*, *IL-12*, *IL-6*, *IL-10*), interferon gamma (*IFN γ*), tumor necrosis factor alpha (*TNF α*), lymphotoxin (*LTA*), the co-stimulatory molecules (*CTLA4*, *CD40L*) and apoptotic factors (*Fas*, *Fas ligand*). Our aim was to (i) identify novel sequence variants in this panel and (ii) to determine allele frequencies in a control sample of Caucasians and African Americans for both novel and previously identified polymorphisms in these genes. Our rationale for choosing this panel was based on known function and association with anti-tumor immunity, but the same genes are relevant to the study of autoimmune diseases, infectious diseases and transplantation immunology as well. All sequence variants identified were located in coding and regulatory regions of the immuno-modulatory genes.

Materials and Methods

Population Samples

One hundred and fifty individuals were analyzed in this study. Eighty-four African Americans and 36 Caucasians were ascertained from the referral regions for the University of Pennsylvania Health System (UPHS) using flyers, radio announcements and newspaper advertisements. An additional 38 Caucasians (males = 25 and females = 13) were ascertained as spouses of individuals seen for breast cancer risk assessment at the Cancer Risk Evaluation Program of the University of Pennsylvania (1994–1998) or at the University of Michigan (1993–1994) for clinical research studies. A peripheral blood sample was collected from each individual for DNA preparation after obtaining informed consent. Individuals were included for study participation if they had no prior personal or family history of cancer of any kind. In addition, all participants were over the age of 18 years and of Caucasian or African American ancestry. The study was reviewed and approved by the Institutional Review Boards of both participating institutions.

PCR Amplification

DNA was extracted from peripheral blood mononuclear cells and stored in TE at 4°C. The coding and regulatory regions of the genes tested were PCR amplified (primer sequences and conditions can be found at URL: <http://linkage.rockefeller.edu/hh/martinprimers.html>). PCR amplification was performed in a final volume of 20 μl containing 80 ng of DNA, 1.5 mM of MgCl₂, 10 mM Tris-HCl (pH 8.3), 50 mM KCl, 0.2 mM each of dCTP, dATP, dTTP, dGTP (Amersham Pharmacia Biotech), each primer at 1.0 μM and 1.0 unit of Taq polymerase (Boehringer Mannheim). Amplifications were performed in a 9700 Perkin Elmer/Cetus Thermocycler.

Table 1. Novel polymorphisms in immune response genes

Gene	Gene position	Nucleotide substitution		Amino acid substitution	
		nucleotide	change	codon	variant
<i>TNFα</i>	5' UTR	-106	del G	-	-
<i>TNFα</i>	5' UTR	-28	T → C	-	-
<i>TNFαR</i>	Exon 3	+7979	C → T	75	P75L
<i>IL-1α</i>	Intron 1	-35	G → A	-	-
<i>IL-1α</i>	Exon 4	+2121	C → T	92	-
<i>IL-12p35</i>	Promoter	-1250	T → A	-	-
<i>IL-12p35</i>	Promoter	-666	T → G	-	-
<i>IL-12p40</i>	Promoter	-5230	A → G	-	-
<i>IL-12p40</i>	Promoter	-5251	C → T	-	-
<i>IL-12p40</i>	Promoter	-3882	A → G	-	-
<i>IL-12p40</i>	Promoter	-5310	T → A	-	-
<i>CTLA4</i>	Exon 2		G → A	90	M90I

Nucleotide position based on genomic DNA sequence.

All nucleotide positions calculated from translation start site = +1 [63].

PCR products were analyzed by one of three mutation detection methods: conformation sensitive gel electrophoresis (CSGE) [28] and subsequent confirmation of variants by direct sequencing; second, by restriction fragment length polymorphism (RFLP) analysis and subsequent confirmation of variants by direct sequencing and third, by direct sequencing after PCR amplification of the regulatory and coding regions of the gene.

CSGE

PCR products were denatured at 98 °C for 5 min and then re-annealed at 68 °C for 30 min to allow heteroduplex formation. Gels consisted of 0.5 × Tris-Taurine EDTA (TTE) buffer (44.4 mM Tris/14.5 mM Taurine (USB)/1.0 mM EDTA, pH 9.0, filter), 10% polyacrylamide with 99:1 ratio of acrylamide to 1,4-bis(acryloyl) piperazine (BAP; Fluka), 15% formamide, 10% ethylene glycol, 0.1% ammonium persulphate and 0.69% N,N,N',N'-tetramethylethylenediamine (TEMED). Gels were run overnight at 10–25 W, depending upon the length of the PCR product. Gels were stained with ethidium bromide for 10–15 min and visualized by UV light.

RFLP Analysis

For some assays, 10 µl of the PCR product was digested with 2 units of the appropriate restriction enzyme using the manufacturer's recommended protocol. Visualization of the PCR products was accomplished using 1–3% agarose gel electrophoresis stained with ethidium bromide.

Sequence Analysis

Sequence variants were re-amplified from source DNA as described above. The PCR products were purified by QIAquick PCR purification kit (Qiagen) or by ExoSapTM following the manufacturer's guidelines. PCR products were subsequently sequenced using the ABI prism 377 and the DyeTerminatorTM kit (Perkin Elmer) according to manufacturer's guidelines. All unique or rare variants were sequenced directly.

Statistical Analysis

The JMP and SAS statistical analysis packages were used for all analyses. Allele frequencies were estimated by allele counting methods and differences in allele frequencies between the two populations were determined using a 2 × 3 contingency table and Fishers Exact Method using the JMP statistical package. Hardy-Weinberg estimates were performed using the SAS statistical package.

Results

In order to identify novel polymorphisms we screened the coding region of 14 genes (see tables 1–3) in 158 control samples using CSGE. In addition, we screened the promoters and/or 5' UTR regions for 10/14 genes (*TNF α* , *IL-1 α* , *IL-2*, *CTLA4*, *IFN γ* , *IL-12*, *Fas*, *FasL*, *IL-12p35*, *IL-12p40*, and *CD40L*). Finally, in a further 3 genes we determined only the 252G → A, -236G → C (-174G → C) polymorphism and the -854C → T (-819C → T) polymorphism in *LTA*, *IL-6* and *IL-10* respectively. We did not detect any known or novel polymorphisms in *TGF β RI*, *CD40L*, β 2M, *IFN γ* and *Fas-L*.

Novel Polymorphisms

Table 1 lists all novel polymorphisms identified in this study. Eleven novel nucleotide substitution variants and one single nucleotide deletion variant were identified. We found 8/12 (67%) novel nucleotide substitutions in regulatory regions, 1/12 substitutions (8%) in intronic regions and the remaining 3/12 (25%) in coding regions of the genes. Only two novel coding region nucleotide substitutions resulted in an alteration in the amino acid sequence

Table 2. Previously identified polymorphisms in immune response genes

Gene	Gene position	Nucleotide substitution		Amino acid substitution	
		nucleotide	change	codon	variant
<i>TNFα</i>	Promoter	-418 (-238)	G→A	-	-
<i>TNFα</i>	Promoter	-488 (-308)	G→A	-	-
<i>TNFα</i>	Promoter	-1021 (-850)	C→T	-	-
<i>TNFα</i>	Promoter	-1027 (-856)	C→A	-	-
<i>TNFαR</i>	Exon 1	+36	G→A	12	-
<i>IL-1β</i>	Exon 5	+3406 (+3953)	T→C	105	-
<i>IL-1RN</i>	Exon 2	+2001 (+8006)	T→C	57	-
<i>IL-1RN</i>	Exon 4	+4095 (+11100)	T→C	130	-
<i>IL-2</i>	Exon 1	+112 (+742)	T→G	38	-
<i>IL-2</i>	Intron 2	+360	C→A	-	-
<i>IL-6</i>	Promoter	-236 (-174)	G→C	-	-
<i>IL-10</i>	Promoter	-854 (-819)	C→T	-	-
<i>CTLA4</i>	Promoter	-318	C→T	-	-
<i>CTLA4</i>	Exon 1	49	A→G	17	T17A
<i>Lta</i>	Intron 1	252	G→A	-	-
<i>Fas</i>	Exon 3	174	A→G	58	-
<i>Fas</i>	Intron 5	439	G→C	-	-

Nucleotide position based on genomic DNA sequence.

All nucleotide positions calculated from translation start site = +1 [63].

Numbers in parentheses correspond to previously published nucleotide positions.

(*TNF α R*, P75L and *CTLA4*, M90I; see table 1), the remaining novel coding region substitution was silent (*IL-1 α* 2121C→T; see table 1). None of the substitutions destroyed a splice site or generated a cryptic splice site.

Previously Identified Polymorphisms

Table 2 lists all 17 previously identified polymorphisms detected in our study. Seven (41%) nucleotide substitutions were detected in the promoter region, 3/17 (18%) were detected in the intronic regions and 7/17 (41%) were found in the exonic regions of the genes. Only one of the exonic polymorphisms altered an amino acid sequence (*CTLA4* T17A) and the remaining six were silent (see table 2).

Coding Region Polymorphisms

Three of ten exonic substitutions were novel (*TNF α R*, *CTLA4* and *IL-1 α*); the remaining seven exonic substitutions were previously reported [29–33] (see tables 1, 2). Three of ten exonic SNPs altered the amino acid sequence; the remaining seven were silent. One novel missense substitution was identified in the *TNF α R* gene (7979C→T), resulting in the substitution of proline to leucine in codon 75. The two remaining missense substitutions were both found in the *CTLA4* gene. The pre-

viously documented *CTLA4*, 49A→G nucleotide substitution 37 results in a substitution from threonine to alanine in codon 17 and this alteration changes the polarity of the amino acid. Finally, the novel *CTLA4*, 2841G→A missense substitution results in a substitution of methionine to isoleucine in codon 90.

Noncoding Region Polymorphisms

Two novel polymorphisms were detected 5' of the translation start site in the *TNF α gene*, one of which was a deletion variant (-106delG) (table 2). Four previously identified nucleotide substitutions also were detected in the promoter of the *TNF α gene* [34, 35]. All six SNPs identified in the *IL-12* promoter were novel and the remaining three SNPs in the promoters of *CTLA4*, *IL-10* and *IL-6* had been previously identified [36, 37]. A total of four intronic SNPs were detected in this study; one novel non-coding SNP was identified in intron 1 of *IL-1 α* and three previously identified SNPs in intron 1 of *Lta*, intron 2 of *IL-2* and intron 5 of *Fas* respectively [33, 38, 39].

Polymorphism Frequencies

Variant alleles existed in frequencies ranging from 1 to 60% in this sample of 158 individuals (table 3). There was

Table 3. Frequency of immune response alleles in Caucasians and African Americans

Gene	Polymorphism ^a	Genotype frequency among Caucasians (n = 74)			Genotype frequency among African Americans (n = 84)			Difference between racial groups p value*
		WT/WT %	WT/V %	V/V %	WT/WT %	WT/V %	V/V %	
<i>TNF</i> <i>α</i>	-418G→A	91	4	5	90	5	5	—
	-488G→A	87	12	1	87	12	1	—
	-1021C→T	74	23	3	93	6	1	0.03
	-1027C→A	88	11	1	79	20	1	—
	-106delG	100	—	—	99	1	—	—
	-28T→C	100	—	—	96	4	—	0.0001
<i>TNF</i> <i>αR</i>	36G→A	81	19	—	100	—	—	0.0001
	7979C→T	100	—	—	85	15	1	0.0002
<i>IL-1</i> <i>α</i>	-35G→A	99	1	—	87	13	—	—
	2121C→T	99	1	—	88	7	5	0.03
<i>IL-1</i> <i>β</i>	3406C→T	60	35	5	79	19	2	0.033
<i>IL-1RN</i>	2001T→C	46	45	9	77	23	—	0.0003
	4095T→C	51	41	8	72	24	4	0.008
<i>IL-2</i>	112T→G	49	45	6	73	24	3	0.009
	360C→A	100	—	—	87	12	1	0.006
<i>IL-6</i>	-236G→C	40	46	14	84	16	—	0.0001
<i>IL-10</i>	-854C→T	59	34	7	42	49	9	—
<i>IL-12p35</i>	-1250T→A	100	—	—	99	1	—	—
	-666T→G	80	19	1	91	9	—	—
<i>IL-12p40</i>	-5230A→G	100	—	—	92	8	—	0.015
	-5251C→T	99	1	—	93	7	—	—
	-3882A→G	100	—	—	99	1	—	—
	-5310T→A	97	3	—	89	11	—	—
<i>CTLA4</i>	-318C→T	76	24	—	99	1	—	0.0001
	49G→A	45	39	16	32	45	23	—
	2841G→A	100	—	—	99	1	—	—
<i>LTA</i>	252G→A	41	54	5	23	56	21	0.0001
<i>Fas</i>	174A→G	87	10	3	91	5	4	—
	439G→C	63	34	3	84	6	—	—

^a Nomenclature = nucleotide position in relation to translation start site (den Dunnen and Antonarakis, 2001 [63].

* All p values were calculated by 2 × 3 contingency tables using JMP statistics package; only statistically significant p values are listed.

a statistically significant difference in the allele frequency for 14/29 polymorphisms between Caucasians and African Americans (table 3). Of note, 8/14 novel sequence variations identified were seen exclusively among the African American samples (see table 3). Only the *TNF**αR*, 36G→A sequence variation was seen exclusively among

the Caucasian samples. Finally, all polymorphisms where with sufficient numbers of variants for evaluation adhered to Hardy-Weinberg equilibrium as determined by χ^2 analysis.

Discussion

This study was undertaken as a comprehensive survey of genes involved in anti-tumor immunity to identify novel genetic polymorphisms and to define allele frequencies of novel and previously described polymorphisms in both Caucasians and African Americans in immuno-modulatory genes. Most cytokines and immuno-modulatory genes are regulated predominantly at the transcriptional level [40, 41]. Transcription of these genes involves the cooperative interaction of cell-specific transcription factors bound to regulatory elements in the promoters. Thus, SNPs in the regulatory regions of the genes could subtly alter the transcriptional regulation of the genes. There are precedents for this model; as a number of the SNPs evaluated in this study not only affect gene expression but also are associated with disease characteristics (<http://bris.ac.uk/pathandmicro/services/GAI/cytokine4.htm>). For instance, the *IL-6* -236G→C (-174G→C) polymorphism is situated immediately 5' to the multiple responsive element in the promoter [42]. Some studies indicate that the G-allele influences *IL-6* transcription [43] while others have concluded it does not [44]. However, the presence of the G-allele is associated with systemic onset juvenile chronic arthritis [43].

In addition the *TNF α* -488G→A (-308G→A) polymorphism lies in a consensus sequence for an AP2 binding site, and alters the ability of AP2 to bind to this site [45]. Conflicting results exist for the effect of this polymorphism and gene expression [46–50], nonetheless, homozygosity for the A-allele of this SNP is associated with a seven-fold increased risk of death from cerebral malaria [51], and the G-allele is associated with a 3-fold increased risk for developing chronic lymphocytic leukaemia [2]. In order to determine the function of the novel SNPs identified in our study, it will be necessary to conduct similar functional assays. In addition, large case-control association studies will provide insight into the role that these polymorphic genes play in disease risk.

Interestingly, 7/12 novel SNPs identified in this study were seen exclusively in the African American population and only one novel sequence variation was found exclusively in the Caucasian population. There are several possible explanations for these data including a sample size too small for rare polymorphisms comparison between populations or true specificity to the African American population. It is known that SNP allele frequencies vary considerably across human ethnic groups and populations [reviewed in 11]. The frequency of alleles and genotypes of the sequence variations in our two populations differed

significantly for a number of genes tested. The difference in allele frequency was statistically significant for 14 of the sequence variations identified. These differences must be taken into account when performing studies of disease-risk and generalizing across populations.

We did not detect polymorphisms in five of the genes tested (*B2M*, *TGF β R11*, *CD40L*, *FasL* and *IFN γ*). Furthermore, a number of previously documented SNPs in *IFN γ* , *TNF α* and *Fas* were not detected using conventional CSGE, possibly due to low allele frequencies and lack of representation in this sample. CGSE is approximately 95% sensitive as compared to direct sequencing, thus it is less likely that this finding is due to technical insensitivity. Still, there have been recent improvements in SNP detection, including capillary electrophoresis (CSCE) detection [52] and high-performance liquid chromatography (HPLC) [reviewed in 53] that may increase the sensitivity of the assay [54, 55]. Most recently, CSCE was used to detect *RAS* and *BRAF* mutations in melanoma and lung carcinoma [61, 62], validating this technique as an important screening tool.

The balance between pro-inflammatory and anti-inflammatory T cells influences the pathology of malignant diseases. Inter-individual differences in immuno-modulatory gene profiles appear to be due, at least in part to allelic polymorphisms within the regulatory and coding regions of genes of the immune system. From the results we present here it is possible that African Americans have a genetically determined, quantitatively different immune response than Caucasians, which could contribute to adverse disease outcomes. African Americans are at a higher risk for rejecting allografts, have a poorer prognosis in breast cancer [56, 57] and other cancers [58] and an altered ability to recover from infectious diseases [59], also suggesting that African-American patients may form an immunologically higher risk group. Further studies to investigate this hypothesis will be required. These data will greatly facilitate efforts aimed at unraveling the complex traits governed by the involvement of the immune system and the differences between racial groups.

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log: D:\Users\1TIM\BRCA1-BRCA2\il6\il6 analyses 6.25.03.log
log type: text
opened on: 25 Jun 2003, 09:57:17

. tab bc gg, all

bc	gg		Total
	0	1	
0	94	87	181
1	145	100	245
Total	239	187	426

Pearson chi2(1) = 2.2217 Pr = 0.136
likelihood-ratio chi2(1) = 2.2199 Pr = 0.136
Cramer's V = -0.0722
gamma = -0.1460 ASE = 0.097
Kendall's tau-b = -0.0722 ASE = 0.048

. logistic bc gg yob

Logit estimates		Number of obs	=	426
		LR chi2(2)	=	70.06
		Prob > chi2	=	0.0000
Log likelihood = -255.4237		Pseudo R2	=	0.1206

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.7280581	.1561012	-1.48	0.139	.4782576 1.108333
yob	.932738	.009039	-7.19	0.000	.915189 .9506235

. sort talc

. by talc: logistic bc gg yob

>
-> talc = 0

Logit estimates		Number of obs	=	98
		LR chi2(2)	=	23.80
		Prob > chi2	=	0.0000
Log likelihood = -53.05961		Pseudo R2	=	0.1832

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.3268306	.1594466	-2.29	0.022	.1256198 .8503298
yob	.9228287	.0196129	-3.78	0.000	.8851778 .962081

>
-> talc = 1

note: gg~=1 predicts success perfectly
gg dropped and 6 obs not used

Logit estimates

	Number of obs	=	10
	LR chi2(1)	=	0.01
	Prob > chi2	=	0.9324
Log likelihood = -6.7265184	Pseudo R2	=	0.0005

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
yob	1.003607	.0426358	0.08	0.932	.9234271 1.090749

> _
-> talc = .

Logit estimates

	Number of obs	=	312
	LR chi2(2)	=	49.32
	Prob > chi2	=	0.0000
Log likelihood = -181.22884	Pseudo R2	=	0.1198

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	1.052726	.2717192	0.20	0.842	.6347632 1.745899
yob	.9294848	.0111704	-6.08	0.000	.9078469 .9516383

. sort qsmoke
. by qsmoke: logistic bc gg yob

> _
-> qsmoke = 0

Logit estimates

	Number of obs	=	211
	LR chi2(2)	=	34.93
	Prob > chi2	=	0.0000
Log likelihood = -126.50182	Pseudo R2	=	0.1213

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.7358288	.2243124	-1.01	0.314	.4048496 1.337395
yob	.9351053	.0123204	-5.09	0.000	.9112669 .9595672

> _
-> qsmoke = 1

Logit estimates

	Number of obs	=	146
	LR chi2(2)	=	24.43
	Prob > chi2	=	0.0000
Log likelihood = -88.310294	Pseudo R2	=	0.1215

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.4264165	.1564026	-2.32	0.020	.2077912 .8750662
yob	.9315967	.0169059	-3.90	0.000	.8990441 .965328

```
>_
-> qsmoke = .
```

```
Logit estimates
```

Number of obs	=	69
LR chi2(2)	=	17.37
Prob > chi2	=	0.0002
Pseudo R2	=	0.1923

```
Log likelihood = -36.490659
```

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	2.696664	1.613902	1.66	0.097	.8344476 8.714746
yob	.9207283	.0224814	-3.38	0.001	.8777033 .9658624

```
. sort hpar
. by hpar: logistic bc gg yob
```

```
>_
-> hpar = 0
```

```
Logit estimates
```

Number of obs	=	252
LR chi2(2)	=	40.30
Prob > chi2	=	0.0000
Pseudo R2	=	0.1160

```
Log likelihood = -153.5637
```

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.7204084	.197428	-1.20	0.231	.4210241 1.232681
yob	.9277755	.0132208	-5.26	0.000	.9022217 .954053

```
>_
-> hpar = 1
```

```
Logit estimates
```

Number of obs	=	174
LR chi2(2)	=	27.84
Prob > chi2	=	0.0000
Pseudo R2	=	0.1205

```
Log likelihood = -101.56929
```

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.729203	.2564617	-0.90	0.369	.3659988 1.452838
yob	.9348939	.0133844	-4.70	0.000	.9090256 .9614983

```
>_
-> hpar = .
no observations
```

```
. sort qdrink
. by qdrink: logistic bc gg yob
```

> _
-> qdrink = 1

Logit estimates

Number of obs	=	97
LR chi2(2)	=	13.06
Prob > chi2	=	0.0015
Pseudo R2	=	0.1039

Log likelihood = -56.304528

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.4340262	.2002419	-1.81	0.070	.175714 1.072076
yob	.948612	.017195	-2.91	0.004	.9155022 .9829194

> _
-> qdrink = 2

Logit estimates

Number of obs	=	174
LR chi2(2)	=	42.78
Prob > chi2	=	0.0000
Pseudo R2	=	0.1774

Log likelihood = -99.204338

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.5919745	.2048856	-1.51	0.130	.3003983 1.166564
yob	.8960868	.0189681	-5.18	0.000	.8596708 .9340455

> _
-> qdrink = .

Logit estimates

Number of obs	=	155
LR chi2(2)	=	18.85
Prob > chi2	=	0.0001
Pseudo R2	=	0.0907

Log likelihood = -94.47515

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	1.291522	.4632566	0.71	0.476	.6394169 2.608673
yob	.9441914	.0138095	-3.93	0.000	.9175096 .9716492

. logistic ovca gg yob hpar qocuse

Logit estimates

Number of obs	=	319
LR chi2(4)	=	14.21
Prob > chi2	=	0.0066
Pseudo R2	=	0.0731

Log likelihood = -90.072563

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	1.10131	.4427961	0.24	0.810	.5008103 2.421845
yob	.9651031	.0156444	-2.19	0.028	.9349227 .9962578
hpar	.387173	.189667	-1.94	0.053	.148225 1.01132
qocuse	.5044921	.2414534	-1.43	0.153	.1974528 1.288978

```
. sort talc
. by talc: logistic ovca gg yob hpar qocuse
```

```
> _
-> talc = 0
```

Logit estimates	Number of obs	=	97
	LR chi2(4)	=	2.73
	Prob > chi2	=	0.6044
Log likelihood = -23.778934	Pseudo R2	=	0.0542

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.7525594	.6088031	-0.35	0.725	.1541482 3.674033
yob	.9696332	.0335509	-0.89	0.373	.906055 1.037673
hpar	.4126426	.3816507	-0.96	0.339	.0673446 2.528397
qocuse	.5787886	.5693134	-0.56	0.578	.0841886 3.979117

```
> _
-> talc = 1
```

note: hpar~=0 predicts failure perfectly
hpar dropped and 1 obs not used

Logit estimates	Number of obs	=	14
	LR chi2(3)	=	2.64
	Prob > chi2	=	0.4508
Log likelihood = -7.0565902	Pseudo R2	=	0.1575

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.0944443	.1572231	-1.42	0.156	.0036155 2.467096
yob	.9767491	.0717594	-0.32	0.749	.8457603 1.128025
qocuse	3.299803	8.422853	0.47	0.640	.0221702 491.1422

```
> _
-> talc = .
```

Logit estimates	Number of obs	=	207
	LR chi2(4)	=	10.19
	Prob > chi2	=	0.0373
Log likelihood = -56.060241	Pseudo R2	=	0.0833

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	1.697876	.8749171	1.03	0.304	.6184165 4.661556
yob	.959876	.0207953	-1.89	0.059	.9199712 1.001512
hpar	.3988716	.2589827	-1.42	0.157	.1117269 1.423994
qocuse	.4394548	.2532782	-1.43	0.154	.1420127 1.359882

```
. sort qsmoke
```

. by qsmoke: logistic ovca gg yob hpar qocuse

> _
-> qsmoke = 0

Logit estimates

Number of obs	=	182
LR chi2(4)	=	11.29
Prob > chi2	=	0.0235
Pseudo R2	=	0.1042

Log likelihood = -48.532897

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.7843681	.4324235	-0.44	0.660	.2662263 2.310941
yob	.9773061	.0199579	-1.12	0.261	.9389617 1.017216
hpar	.4590244	.2882035	-1.24	0.215	.134091 1.571347
qocuse	.2575592	.1687983	-2.07	0.038	.0712885 .9305394

> _
-> qsmoke = 1

Logit estimates

Number of obs	=	133
LR chi2(4)	=	5.86
Prob > chi2	=	0.2100
Pseudo R2	=	0.0688

Log likelihood = -39.644106

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	1.459844	.8995363	0.61	0.539	.4363226 4.884334
yob	.9542176	.0254588	-1.76	0.079	.9056015 1.005444
hpar	.2719496	.2288206	-1.55	0.122	.0522734 1.414804
qocuse	1.080734	.9064691	0.09	0.926	.2088194 5.593284

> _
-> qsmoke = .
outcome does not vary; remember:
0 = negative outcome,
all other nonmissing values = positive outcome

. sort hpar

. by hpar: logistic ovca gg yob qocuse

> _
-> hpar = 0

Logit estimates

Number of obs	=	212
LR chi2(3)	=	8.58
Prob > chi2	=	0.0354
Pseudo R2	=	0.0607

Log likelihood = -66.366569

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.7507918	.3522135	-0.61	0.541	.2993653 1.882945

yob	.9586045	.0192244	-2.11	0.035	.9216563	.9970339
qocuse	.7619607	.4571118	-0.45	0.650	.2351169	2.469342

> _
-> hpar = 1

Logit estimates

Number of obs	=	107
LR chi2(3)	=	8.56
Prob > chi2	=	0.0357
Pseudo R2	=	0.1656

Log likelihood = -21.574083

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	3.624951	3.219578	1.45	0.147	.6357543 20.66879
yob	.9828544	.0327149	-0.52	0.603	.9207813 1.049112
qocuse	.1761236	.1716203	-1.78	0.075	.0260844 1.1892

> _
-> hpar = .
no observations

. sort qocuse
. sort qdrink
. by qdrink: logistic ovca gg yob qocuse

> _
-> qdrink = 1

Logit estimates

Number of obs	=	96
LR chi2(3)	=	2.71
Prob > chi2	=	0.4384
Pseudo R2	=	0.0397

Log likelihood = -32.819925

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	1.047816	.6870608	0.07	0.943	.2898318 3.788124
yob	.9611939	.0262369	-1.45	0.147	.9111219 1.014018
qocuse	3.127558	2.776885	1.28	0.199	.5488372 17.82244

> _
-> qdrink = 2

Logit estimates

Number of obs	=	172
LR chi2(3)	=	12.62
Prob > chi2	=	0.0055
Pseudo R2	=	0.1369

Log likelihood = -39.760889

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.8385978	.5244535	-0.28	0.778	.2461602 2.856864
yob	.9603528	.0241293	-1.61	0.107	.9142058 1.008829

gocuse	.2185881	.1464132	-2.27	0.023	.0588139	.812405
--------	----------	----------	-------	-------	----------	---------

>
-> qdrink = .

Logit estimates

Number of obs	=	51
LR chi2(3)	=	4.80
Prob > chi2	=	0.1872
Pseudo R2	=	0.1467

Log likelihood = -13.959386

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	1.682076	1.730298	0.51	0.613	.2239969 12.63134
yob	1.00282	.0411655	0.07	0.945	.9252971 1.086837
qocuse	.1150245	.1253233	-1.98	0.047	.0135949 .973205

. sort gocuse

. by gocuse: logistic ovca gg yob hpar

>
-> gocuse = 1

Logit estimates

Number of obs	=	75
LR chi2(3)	=	0.40
Prob > chi2	=	0.9403
Pseudo R2	=	0.0058

Log likelihood = -34.385124

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.7200264	.4519709	-0.52	0.601	.2103958 2.464109
yob	.9961279	.0187946	-0.21	0.837	.959964 1.033654
hpar	.833589	.541899	-0.28	0.779	.2331328 2.980578

>
-> gocuse = 2

Logit estimates

Number of obs	=	244
LR chi2(3)	=	17.20
Prob > chi2	=	0.0006
Pseudo R2	=	0.1456

Log likelihood = -50.458821

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	1.307191	.7135752	0.49	0.624	.448416 3.81063
yob	.8943634	.0297191	-3.36	0.001	.8379713 .9545505
hpar	.0783524	.0755985	-2.64	0.008	.0118241 .5192012

>
-> gocuse = .

Logit estimates

		Number of obs	=	104
		LR chi2(3)	=	10.11
		Prob > chi2	=	0.0177
		Pseudo R2	=	0.1091

Log likelihood = -41.264445

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.6787254	.4131013	-0.64	0.524	.2058811 2.237545
yob	.943631	.0190277	-2.88	0.004	.9070647 .9816715
hpar	1.772137	1.07995	0.94	0.348	.5367477 5.850922

. by qocuse: logistic bc gg yob hpar

> _
-> qocuse = 1

Logit estimates

		Number of obs	=	75
		LR chi2(3)	=	13.19
		Prob > chi2	=	0.0042
		Pseudo R2	=	0.1382

Log likelihood = -41.143346

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.5643434	.3030322	-1.07	0.287	.1970057 1.616621
yob	.9443994	.0177095	-3.05	0.002	.9103195 .9797551
hpar	.4395179	.2578881	-1.40	0.161	.1391657 1.388101

> _
-> qocuse = 2

Logit estimates

		Number of obs	=	244
		LR chi2(3)	=	46.53
		Prob > chi2	=	0.0000
		Pseudo R2	=	0.1379

Log likelihood = -145.46015

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	.6732572	.1919584	-1.39	0.165	.3850236 1.177266
yob	.903982	.0162841	-5.60	0.000	.8726226 .9364683
hpar	1.017104	.3280572	0.05	0.958	.5405286 1.91387

> _
-> qocuse = .

Logit estimates

		Number of obs	=	107
		LR chi2(3)	=	13.98
		Prob > chi2	=	0.0029
		Pseudo R2	=	0.0982

Log likelihood = -64.227135

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
gg	1.047061	.4671832	0.10	0.918	.4366955 2.510531
yob	.9439805	.0162587	-3.35	0.001	.9126459 .976391

hpar	.7520058	.3320499	-0.65	0.519	.3164981	1.786781
------	----------	----------	-------	-------	----------	----------

. tab il6 gg

IL6/-174		gg		Total
type		0	1	
1		0	225	225
2		220	0	220
3		67	0	67
Total		287	225	512

. tab anyg

anyg	Freq.	Percent	Cum.
0	67	13.09	13.09
1	445	86.91	100.00
Total	512	100.00	

. tab il6 anyg

IL6/-174		anyg		Total
type		0	1	
1		0	225	225
2		0	220	220
3		67	0	67
Total		67	445	512

. logistic bc anyg yob

Logit estimates

Number of obs	=	426
LR chi2(2)	=	67.88
Prob > chi2	=	0.0000
Pseudo R2	=	0.1169

Log likelihood = -256.51327

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.957859	.3080327	-0.13	0.893	.5099978 1.799015
yob	.9329447	.0090132	-7.18	0.000	.9154453 .9507786

. logistic ovca anyg hpar qocuse yob

Logit estimates

Number of obs	=	319
LR chi2(4)	=	15.10
Prob > chi2	=	0.0045
Pseudo R2	=	0.0777

Log likelihood = -89.627943

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.5410087	.3252652	-1.02	0.307	.1665118 1.757776
hpar	.3791563	.1858294	-1.98	0.048	.1450886 .9908393
qocuse	.5238514	.2540874	-1.33	0.183	.2024621 1.355415

yob .9636326 .0159071 -2.24 0.025 .9329541 .9953198

```
. sort talc
. by talc: logistic bc anyg yob
```

```
>_
-> talc = 0
```

Logit estimates

Number of obs = 98
LR chi2(2) = 18.35
Prob > chi2 = 0.0001
Pseudo R2 = 0.1412

Log likelihood = -55.78559

bc Odds Ratio Std. Err. z P> z [95% Conf. Interval]
anyg .7619756 .5821626 -0.36 0.722 .1704544 3.406229
yob .9245411 .0194918 -3.72 0.000 .8871164 .9635446

```
>_
-> talc = 1
```

note: anyg~=1 predicts success perfectly
anyg dropped and 1 obs not used

Logit estimates

Number of obs = 15
LR chi2(1) = 0.02
Prob > chi2 = 0.8903
Pseudo R2 = 0.0011

Log likelihood = -8.6892242

bc Odds Ratio Std. Err. z P> z [95% Conf. Interval]
yob .9949251 .0367043 -0.14 0.890 .9255251 1.069529

```
>_
-> talc = .
```

Logit estimates

Number of obs = 312
LR chi2(2) = 49.32
Prob > chi2 = 0.0000
Pseudo R2 = 0.1198

Log likelihood = -181.23106

bc Odds Ratio Std. Err. z P> z [95% Conf. Interval]
anyg 1.073373 .4044781 0.19 0.851 .5128536 2.246509
yob .9293647 .0111927 -6.08 0.000 .9076843 .9515629

```
. by talc: logistic ovca anyg yob
```

```
>_
-> talc = 0
```

Logit estimates

		Number of obs	=	98
		LR chi2(2)	=	1.70
		Prob > chi2	=	0.4272
		Pseudo R2	=	0.0337

Log likelihood = -24.366631

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.4452307	.5352909	-0.67	0.501	.0421895 4.698569
yob	.96338	.0281899	-1.27	0.202	.9096834 1.020246

>
-> talc = 1

note: anyg~=1 predicts success perfectly
anyg dropped and 1 obs not used

Logit estimates

		Number of obs	=	14
		LR chi2(1)	=	0.00
		Prob > chi2	=	0.9772
		Pseudo R2	=	0.0001

Log likelihood = -7.2737101

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
yob	1.001142	.040005	0.03	0.977	.9257253 1.082702

>
-> talc = .

Logit estimates

		Number of obs	=	310
		LR chi2(2)	=	17.72
		Prob > chi2	=	0.0001
		Pseudo R2	=	0.0811

Log likelihood = -100.42788

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.4164998	.184591	-1.98	0.048	.1747293 .9928047
yob	.9540375	.0122472	-3.67	0.000	.9303329 .9783461

. sort qsmoke
. by qsmoke: logistic bc anyg yob

>
-> qsmoke = 0

Logit estimates

		Number of obs	=	211
		LR chi2(2)	=	34.52
		Prob > chi2	=	0.0000
		Pseudo R2	=	0.1199

Log likelihood = -126.70847

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
----	------------	-----------	---	------	----------------------

anyg	1.394707	.5982843	0.78	0.438	.6016516	3.233114
yob	.9354804	.0122899	-5.08	0.000	.9117002	.9598809

>
-> qsmoke = 1

Logit estimates

Number of obs	=	146
LR chi2(2)	=	19.71
Prob > chi2	=	0.0001
Pseudo R2	=	0.0980

Log likelihood = -90.67327

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.5193947	.3849374	-0.88	0.377	.1215203 2.219964
yob	.9342617	.0165928	-3.83	0.000	.9023 .9673556

>
-> qsmoke = .

Logit estimates

Number of obs	=	69
LR chi2(2)	=	14.63
Prob > chi2	=	0.0007
Pseudo R2	=	0.1619

Log likelihood = -37.863363

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.7501741	.5469725	-0.39	0.693	.1796916 3.131817
yob	.9252658	.0222491	-3.23	0.001	.8826699 .9699173

. by qsmoke: logistic ovca anyg yob

>
-> qsmoke = 0

Logit estimates

Number of obs	=	210
LR chi2(2)	=	10.48
Prob > chi2	=	0.0053
Pseudo R2	=	0.0767

Log likelihood = -63.029767

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.61457	.3776313	-0.79	0.428	.1843056 2.049294
yob	.952772	.0145772	-3.16	0.002	.9246255 .9817754

>
-> qsmoke = 1

Logit estimates

Number of obs	=	146
LR chi2(2)	=	5.86
Prob > chi2	=	0.0533
Pseudo R2	=	0.0669

Log likelihood = -40.9137

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
anyg	.1833256	.1417593	-2.19	0.028	.0402734	.8345025
yob	.9689036	.022045	-1.39	0.165	.9266454	1.013089

>
-> qsmoke = .

Logit estimates

Number of obs	=	67
LR chi2(2)	=	6.32
Prob > chi2	=	0.0425
Pseudo R2	=	0.1003

Log likelihood = -28.334136

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
anyg	.3994184	.2986292	-1.23	0.220	.0922611	1.729169
yob	.9518432	.0225517	-2.08	0.037	.9086532	.9970862

. sort hpar
. by hpar: logistic bc anyg yob

>
-> hpar = 0

Logit estimates

Number of obs	=	252
LR chi2(2)	=	39.20
Prob > chi2	=	0.0000
Pseudo R2	=	0.1128

Log likelihood = -154.11285

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
anyg	.7734556	.3437497	-0.58	0.563	.3236926	1.848153
yob	.9270561	.0131991	-5.32	0.000	.901544	.9532902

>
-> hpar = 1

Logit estimates

Number of obs	=	174
LR chi2(2)	=	27.16
Prob > chi2	=	0.0000
Pseudo R2	=	0.1176

Log likelihood = -101.90606

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
anyg	1.188286	.5537645	0.37	0.711	.4766995	2.962085
yob	.936525	.0131538	-4.67	0.000	.9110957	.962664

>
-> hpar = .

no observations

. by hpar: logistic ovca anyg yob qocuse

>_
-> hpar = 0

Logit estimates

	Number of obs	=	212
LR chi2(3)	=	9.02	
Prob > chi2	=	0.0290	
Pseudo R2	=	0.0638	

Log likelihood = -66.148858

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.5164408	.359563	-0.95	0.343	.131943 2.021412
yob	.956832	.0193447	-2.18	0.029	.9196585 .995508
qocuse	.7746706	.4682933	-0.42	0.673	.2368974 2.533225

>
-> hpar = 1

Logit estimates

	Number of obs	=	107
LR chi2(3)	=	6.33	
Prob > chi2	=	0.0968	
Pseudo R2	=	0.1223	

Log likelihood = -22.69163

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.6796332	.8137271	-0.32	0.747	.0650321 7.102661
yob	.9789658	.0307875	-0.68	0.499	.9204455 1.041207
qocuse	.1908755	.1859174	-1.70	0.089	.0282917 1.287779

>
-> hpar = .
no observations

. by qsmoke: logistic ovca anyg yob hpar qocuse
not sorted

r(5);

. sort qsmoke

. by qsmoke: logistic ovca anyg yob hpar qocuse

>
-> qsmoke = 0

Logit estimates

	Number of obs	=	182
LR chi2(4)	=	11.31	
Prob > chi2	=	0.0233	
Pseudo R2	=	0.1044	

Log likelihood = -48.522179

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
------	------------	-----------	---	------	----------------------

anyg	1.616739	1.763206	0.44	0.660	.1906883	13.70742
yob	.9774389	.0198781	-1.12	0.262	.9392448	1.017186
hpar	.4691719	.2957269	-1.20	0.230	.1363972	1.613833
qocuse	.2621143	.1701376	-2.06	0.039	.0734477	.9354125

>
-> qsmoke = 1

Logit estimates

	Number of obs	=	133
LR chi2(4)	=	9.00	
Prob > chi2	=	0.0610	
Pseudo R2	=	0.1057	

Log likelihood = -38.071797

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.1948151	.1583589	-2.01	0.044	.0396012 .9583783
yob	.9499993	.0266861	-1.83	0.068	.8991093 1.00377
hpar	.2692116	.2258783	-1.56	0.118	.0519882 1.394064
qocuse	1.435402	1.234235	0.42	0.674	.2661126 7.742509

>
-> qsmoke = .
outcome does not vary; remember:
0 = negative outcome,
all other nonmissing values = positive outcome

. by talc: logistic ovca anyg yob hpar qocuse
not sorted
r(5);

. sort talc

. by talc: logistic ovca anyg yob hpar qocuse

>
-> talc = 0

Logit estimates

	Number of obs	=	97
LR chi2(4)	=	3.35	
Prob > chi2	=	0.5005	
Pseudo R2	=	0.0667	

Log likelihood = -23.465965

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.3100177	.3864726	-0.94	0.348	.0269318 3.568674
yob	.963246	.0350777	-1.03	0.304	.8968911 1.03451
hpar	.3709245	.349391	-1.05	0.292	.0585463 2.350021
qocuse	.5362799	.5404717	-0.62	0.536	.0743938 3.865863

>
-> talc = 1

note: anyg~=1 predicts success perfectly

anyg dropped and 1 obs not used

note: hpar~=0 predicts failure perfectly
hpar dropped and 1 obs not used

Logit estimates

		Number of obs	=	13
		LR chi2(2)	=	0.06
		Prob > chi2	=	0.9690
Log likelihood = -6.9912009		Pseudo R2	=	0.0045

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
yob	.9914038	.0621782	-0.14	0.891	.8767293 1.121077
qocuse	1.684549	3.67448	0.24	0.811	.02343 121.1144

>
-> talc = .

Logit estimates

		Number of obs	=	207
		LR chi2(4)	=	9.14
		Prob > chi2	=	0.0577
Log likelihood = -56.585393		Pseudo R2	=	0.0747

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.8977047	.7320254	-0.13	0.895	.1815636 4.438521
yob	.9618005	.0206529	-1.81	0.070	.9221616 1.003143
hpar	.4052332	.2593316	-1.41	0.158	.1156041 1.420486
qocuse	.4345278	.2535003	-1.43	0.153	.1384946 1.363334

. sort qdrink
. by qdrink: logistic ovca anyg yob hpar qocuse

>
-> qdrink = 1

note: anyg~=1 predicts failure perfectly
anyg dropped and 13 obs not used

Logit estimates

		Number of obs	=	83
		LR chi2(3)	=	2.58
		Prob > chi2	=	0.4602
Log likelihood = -31.174786		Pseudo R2	=	0.0398

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
yob	.9612891	.0294887	-1.29	0.198	.9051955 1.020859
hpar	.5667915	.422311	-0.76	0.446	.1315834 2.441437
qocuse	3.102458	2.821143	1.25	0.213	.5220197 18.43847

> _
-> qdrink = 2

Logit estimates

	Number of obs	=	172
	LR chi2(4)	=	21.38
	Prob > chi2	=	0.0003
	Pseudo R2	=	0.2320

Log likelihood = -35.37867

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.1195427	.1006885	-2.52	0.012	.0229389 .6229795
yob	.9418447	.0282665	-2.00	0.046	.8880414 .9989078
hpar	.2139947	.1877825	-1.76	0.079	.0383235 1.194926
qocuse	.3461361	.2630285	-1.40	0.163	.0780584 1.534879

> _
-> qdrink = .

note: anyg~1 predicts failure perfectly
anyg dropped and 4 obs not used

Logit estimates

	Number of obs	=	47
	LR chi2(3)	=	4.55
	Prob > chi2	=	0.2083
	Pseudo R2	=	0.1427

Log likelihood = -13.654985

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
yob	.9949205	.0426545	-0.12	0.905	.9147353 1.082135
hpar	.4183618	.5641847	-0.65	0.518	.0297617 5.880927
qocuse	.1163993	.1293496	-1.94	0.053	.013184 1.027671

. by qdrink: logistic bc anyg yob

> _
-> qdrink = 1

Logit estimates

	Number of obs	=	97
	LR chi2(2)	=	10.02
	Prob > chi2	=	0.0067
	Pseudo R2	=	0.0797

Log likelihood = -57.823733

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.6878239	.45767	-0.56	0.574	.18668 2.534293
yob	.9492039	.0171656	-2.88	0.004	.9161492 .9834511

> _
-> qdrink = 2

Logit estimates

	Number of obs	=	174
--	---------------	---	-----

Log likelihood = -100.23093	LR chi2(2) = 40.73
	Prob > chi2 = 0.0000
	Pseudo R2 = 0.1689

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.7234206	.455694	-0.51	0.607	.2104775 2.48643
yob	.8961403	.0189823	-5.18	0.000	.8596975 .934128

>
-> qdrink = .

Logit estimates	Number of obs = 155
	LR chi2(2) = 19.01
	Prob > chi2 = 0.0001
Log likelihood = -94.395298	Pseudo R2 = 0.0915

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	1.472146	.6931306	0.82	0.411	.5850321 3.704437
yob	.9430202	.013992	-3.95	0.000	.9159913 .9708466

. sort gocuse

. by gocuse: logistic bc anyg yob

>
-> gocuse = 1

Logit estimates	Number of obs = 75
	LR chi2(2) = 10.05
	Prob > chi2 = 0.0066
Log likelihood = -42.711577	Pseudo R2 = 0.1053

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	1.273363	1.028914	0.30	0.765	.2613101 6.205088
yob	.9522282	.015928	-2.93	0.003	.9215162 .9839638

>
-> gocuse = 2

Logit estimates	Number of obs = 244
	LR chi2(2) = 45.41
	Prob > chi2 = 0.0000
Log likelihood = -146.02175	Pseudo R2 = 0.1346

bc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anyg	.6361947	.3117478	-0.92	0.356	.243492 1.662246
yob	.9025507	.0160651	-5.76	0.000	.8716066 .9345935

```
> _
-> qocuse = .
```

Logit estimates						Number of obs	=	107
						LR chi2(2)	=	13.67
						Prob > chi2	=	0.0011
						Pseudo R2	=	0.0960

Log likelihood = -64.384128

		bc Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
<hr/>							
	anyg	1.192324	.6152349	0.34	0.733	.4336876	3.278017
	yob	.9438679	.0162313	-3.36	0.001	.9125852	.976223

. by qocuse: logistic ovca anyg yob hpar

```
> _
-> qocuse = 1
```

Logit estimates						Number of obs	=	75
						LR chi2(3)	=	2.33
						Prob > chi2	=	0.5073
						Pseudo R2	=	0.0336

Log likelihood = -33.421379

		ovca Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
<hr/>							
	anyg	.2824761	.2297036	-1.55	0.120	.0573856	1.390467
	yob	.9939453	.0192227	-0.31	0.754	.9569747	1.032344
	hpar	.7647594	.5063319	-0.41	0.685	.208911	2.799551

```
> _
-> qocuse = 2
```

Logit estimates						Number of obs	=	244
						LR chi2(3)	=	16.96
						Prob > chi2	=	0.0007
						Pseudo R2	=	0.1436

Log likelihood = -50.577541

		ovca Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
<hr/>							
	anyg	1.079586	1.207083	0.07	0.945	.1206509	9.66015
	yob	.8942777	.0295537	-3.38	0.001	.8381896	.9541191
	hpar	.0793689	.0757055	-2.66	0.008	.0122388	.5147105

```
> _
-> qocuse = .
```

Logit estimates						Number of obs	=	104
						LR chi2(3)	=	12.67
						Prob > chi2	=	0.0054
						Pseudo R2	=	0.1368

Log likelihood = -39.98362

ovca	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
anyg	.3476912	.2089978	-1.76	0.079	.1070373	1.129412
yob	.9454642	.0192715	-2.75	0.006	.9084373	.9840002
hpar	1.686869	1.037206	0.85	0.395	.5054787	5.629372

. sum aad

Variable	Obs	Mean	Std. Dev.	Min	Max
aad	1013	41.31589	9.980263	21	77

. kwallis aad, by(gg)

Test: Equality of populations (Kruskal-Wallis test)

gg	_Obs	_RankSum
0	142	17227.00
1	99	11934.00

chi-squared = 0.007 with 1 d.f.

probability = 0.9326

chi-squared with ties = 0.007 with 1 d.f.

probability = 0.9326

. kwallis aad, by(anyg)

Test: Equality of populations (Kruskal-Wallis test)

anyg	_Obs	_RankSum
0	32	3962.00
1	209	25199.00

chi-squared = 0.060 with 1 d.f.

probability = 0.8064

chi-squared with ties = 0.060 with 1 d.f.

probability = 0.8062

. kwallis qwgt18, by(anyg)

Test: Equality of populations (Kruskal-Wallis test)

anyg	_Obs	_RankSum
0	27	4069.00
1	221	26807.00

chi-squared = 4.043 with 1 d.f.

probability = 0.0444

chi-squared with ties = 4.067 with 1 d.f.

probability = 0.0437

. kwallis qwgt30, by(anyg)

Test: Equality of populations (Kruskal-Wallis test)

anyg	_Obs	_RankSum
0	18	1987.50
1	143	11053.50

chi-squared = 8.068 with 1 d.f.
probability = 0.0045

chi-squared with ties = 8.109 with 1 d.f.
probability = 0.0044

. kwallis qwgt40, by(anyg)

Test: Equality of populations (Kruskal-Wallis test)

anyg	_Obs	_RankSum
0	18	1258.50
1	151	13106.50

chi-squared = 1.914 with 1 d.f.
probability = 0.1665

chi-squared with ties = 1.998 with 1 d.f.
probability = 0.1575

. kwallis qwgtmax, by(anyg)

Test: Equality of populations (Kruskal-Wallis test)

anyg	_Obs	_RankSum
0	17	1662.50
1	141	10898.50

chi-squared = 3.045 with 1 d.f.
probability = 0.0810

chi-squared with ties = 3.049 with 1 d.f.
probability = 0.0808

. summ qwgt18

Variable	Obs	Mean	Std. Dev.	Min	Max
qwgt18	1060	122.4887	20.2279	0	340

. summ qwgt30

Variable	Obs	Mean	Std. Dev.	Min	Max
qwgt30	557	125.6302	38.29528	0	425

. sum qwgt40

Variable	Obs	Mean	Std. Dev.	Min	Max
qwgt40	567	103.4145	65.50591	0	280

. sum qheight

Variable	Obs	Mean	Std. Dev.	Min	Max
qheight	1101	64.47207	2.914962	49	90

. gen bmi=qwgt18/qheight
(1162 missing values generated)

. replace bmi=bmi/qheight

(1006 real changes made)

. sum bmi

Variable	Obs	Mean	Std. Dev.	Min	Max
bmi	1007	.0296026	.0050195	0	.0884495

. replace bmi=bmi*100

(1006 real changes made)

. sum bmi

Variable	Obs	Mean	Std. Dev.	Min	Max
bmi	1007	2.960255	.5019517	0	8.844953

. replace bmi=bmi*10

(1006 real changes made)

. sum bmi

Variable	Obs	Mean	Std. Dev.	Min	Max
bmi	1007	29.60255	5.019517	0	88.44952

. replace bmi=.
if bmi==0

(1 real change made, 1 to missing)

. sum bmi

Variable	Obs	Mean	Std. Dev.	Min	Max
bmi	1006	29.63198	4.934349	16.66667	88.44952

. kwallis bmi, by(gg)

Test: Equality of populations (Kruskal-Wallis test)

gg	_Obs	_RankSum
0	130	15402.50
1	114	14487.50

chi-squared = 0.902 with 1 d.f.
probability = 0.3422

chi-squared with ties = 0.902 with 1 d.f.
probability = 0.3421

. kwallis bmi, by(anyg)

Test: Equality of populations (Kruskal-Wallis test)

anyg	_Obs	_RankSum
0	26	3624.50
1	218	26265.50

chi-squared = 1.669 with 1 d.f.
probability = 0.1964

chi-squared with ties = 1.669 with 1 d.f.
probability = 0.1963

Table 1. Effects of *IL6-GG* Genotypes

Cancer	Group	OR Associated with GG Genotype (95% CI)
Breast Cancer*	Total Sample	0.73 (0.48-1.11)
	Never Smokers	0.74 (0.40-1.34)
	Ever Smokers	0.43 (0.21-0.88)
	Low Parity (≤ 2 Live Birth)	0.72 (0.42-1.23)
	High Parity (≥ 3 Live Births)	0.73 (0.37-1.45)
<hr/> <hr/> <hr/>		
	Never Oral Contraceptive User	0.56 (0.20-1.62)
	Ever Oral Contraceptive User	0.67 (0.39-1.12)
Ovarian Cancer**	Total Sample	1.10 (0.50-2.42)
	Never Smokers	0.78 (0.27-2.31)
	Ever Smokers	1.46 (0.44-4.88)
	Talc Non-Users	0.75 (0.15-3.67)
	Talc Users	0.09 (0.004-2.47)
	Low Parity (≤ 2 Live Birth)	0.75 (0.30-1.88)
	High Parity (≥ 3 Live Births)	3.62 (0.63-20.67)
	Never Oral Contraceptive User	0.72 (0.21-2.46)
	Ever Oral Contraceptive User	1.31 (0.45-3.81)

*OR adjusted for birth year

** OR adjusted for year of birth, parity, and oral contraceptive use (except where factor is the main effect of interest)

Table 2. Effects of *IL6*-Any G Genotypes

Cancer	Group	OR Associated with Any G Genotype (95% CI)
Breast Cancer*	Total Sample	0.96 (0.51-1.80)
	Never Smokers	1.39 (0.60-3.23)
	Ever Smokers	0.52 (0.12-2.22)
	Low Parity (<2 Live Birth)	0.77 (0.32-1.85)
	High Parity (≥ 3 Live Births)	1.19 (0.48-2.96)
	Never Oral Contraceptive User	1.27 (0.26-6.21)
	Ever Oral Contraceptive User	0.64 (0.24-1.66)
Ovarian Cancer**	Total Sample	0.54 (0.17-1.76)
	Never Smokers	1.62 (0.19-13.71)
	Ever Smokers	0.19 (0.04-0.96)
	Talc Non-Users	0.31 (0.03-3.57)
	Talc Users	0.99 (0.87-1.12)
	Low Parity (<2 Live Birth)	0.52 (0.13-2.02)
	High Parity (≥ 3 Live Births)	0.68 (0.07-7.10)
	Never Oral Contraceptive User	0.28 (0.06-1.39)
	Ever Oral Contraceptive User	1.08 (0.12-9.66)

*OR adjusted for birth year

** OR adjusted for year of birth, parity, and oral contraceptive use (except where factor is the main effect of interest)